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AHSRI 2019 Annual Report

Australian Health Services Research Institute
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AHSRI 2019 Annual Report

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AHSRI

2019 ANNUAL REPORT



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AHSRI generates robust evidence through rigorous research and evaluation that informs and supports better management of health and community services across Australia. Our innovative work facilitates greater equity in resource distribution, fairer access to services, improved continuity within and across health and community care sectors, and evidence-based decision making.



AHSRI's Wollongong premises at Innovation Campus are pictured above. Pictured on the cover is Wollongong's Breakwater Lighthouse, also known as Wollongong Harbour Lighthouse, an historic lighthouse situated on the southern breakwater of the heritage-listed Wollongong Harbour.

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Acknowledgement of country and traditional owners

We acknowledge Aboriginal Peoples are Australia's first Peoples and the Traditional Owners and Custodians of the land on which we work. We pay respect to the traditional owners of the land on which AHSRI now stands; the Wadi Wadi people of Dharawal Country. It is upon their ancestral lands that the University of Wollongong is built.

Message from the Director



2019 was another successful year for the Australian Health Services Research Institute (AHSRI), the key research entity of the Sydney Business School UOW and a major research flagship of the Faculty of Business. AHSRI and its research centres secured funding of over \$10 million, produced significant outputs and partnered with key stakeholders in translating some important research findings into policy and practice. My message in this annual report highlights just a few of these achievements.

AHSRI's significance was publicly acknowledged this year when we were selected as the featured research organisation in a new health film series developed by the Australasian College of Health Service Management through ASN Media. The short film focused on the broader 'systems and services' component of health management in Australia. It told the story of the Institute's research and outcomes through two case studies (aged care and access to emergency care). These case studies illustrate how our research is being applied in the real world.

AHSRI's three outcomes centres – the Australasian Rehabilitation Outcomes Centre (AROC), the Palliative Care Outcomes Collaboration (PCOC) and the electronic Persistent Pain Outcomes Collaboration (ePPOC) – continued their cutting edge work in health outcomes measurement and clinical benchmarking (in their respective fields of rehabilitation, palliative care, and chronic and persistent pain). Not only did these centres maintain their health services, government and community partnerships to conduct research that improves clinical care and health outcomes, they also actively developed and advanced their programs.

PCOC is an example of this approach to innovation. PCOC is a well-established core program in palliative care in Australia and is increasingly recognised as a world-leading authority on palliative care outcomes. PCOC hosted its inaugural Outcomes and Benchmarking Conference at the International Convention Centre, Sydney, on 20 and 21 November. The conference highlighted how the use of data and evidence can improve patient care and help families adjust better to loss and bereavement, progressing international best practice and outcome measurement across settings and sectors of care. This international initiative also reflected the maturity of the palliative care sector, with leaders from Australia and across the world participating to promote approaches that systematically improve patient and carer outcomes.

A diverse range of short- and longer-term projects were undertaken during the year, primarily led by the Centre for Health Service Development (CHSD), the National Casemix and Classification Centre (NCCC) and the Centre for Health Research Illawarra Shoalhaven Population (CHRISP). The latter is a joint research partnership with the Illawarra Shoalhaven Local Health District, connecting data for health and medical research in the Illawarra with the aim of improving the health of the local population and beyond.

One notable example of a project of national significance that concluded this year was the Resource Utilisation and Classification Study. The national study, commissioned by the Australian Government, investigated the needs of people living in residential aged care and the relationship between resident need and aged care costs. The outcome of the study is a new assessment and funding model called the Australian National Aged Care Classification (or AN-ACC, for short).

The Commonwealth government has already begun trialling the AN-ACC assessment framework we developed. Starting in November 2019, the Commonwealth has begun implementation testing of the AN-ACC assessment tool and supporting software, hardware and IT systems; testing the processes to manage an assessment workforce; and confirming findings about the expected distribution of resident classifications.

This study has also led to further research. In 2019 we were commissioned by the Royal Commission into Aged Care Quality and Safety to undertake research into staffing levels in residential aged care. The research included an analysis of staffing levels in Australian residential aged care homes compared to standards in other jurisdictions. We found that more than half of all Australian aged care residents are in homes with staffing levels that are inadequate by international standards. We recommended that Australia build on the United States' five star rating system and develop a national system of staffing standards and five star public reporting. I provided expert evidence on this research to the Royal Commission.

Another example of a project of national importance that we commenced and completed in 2019 was the work undertaken to support the Australian Government's Independent Review of Nursing Education. *Educating the Nurse of the Future* was the first national Independent Review of Nursing Education to occur in nearly two decades. The aim was to ensure that our future nursing workforce is equipped to meet the evolving population health and service needs of our nation. The Department of Health engaged AHSRI to support the Independent Review by undertaking four literature reviews on specific issues of concern to the review. AHSRI's research team established national and international advisory panels with experts in nursing education and produced reviews that have informed the broader national consultation process through translating the published evidence into plain language, synthesising key issues for further consultation and distilling the implications for policy.

While AHSRI's well-established centres advanced their respective programs of research, a particularly significant development for the Institute in 2019 was the launch of a new centre, *Ngarruwan Ngadju: First Peoples Health and Wellbeing Research Centre*, on 14 June. Led by Indigenous Health Professor Kathleen Clapham, the new centre's research focuses on the health and wellbeing of South Coast Indigenous communities. The research team puts a microscope on services which are making a positive impact in the Illawarra, the Shoalhaven, Batemans Bay and Bega. They aim to identify what's working well, and bring evidence to light in the broader community. The team also addresses issues of inequality, such as Indigenous life expectancy and suicide rates.

AHSRI is well positioned heading into 2020 and our team remains committed to generating real-world impact through improving health outcomes for consumers, supporting service providers to explore innovative ways of delivering high quality care and stimulating innovative policy development and health system change.

As Director of AHSRI, my thanks go to our AHSRI Board, the AHSRI team, the Faculty of Business and our many collaborators across the health system in Australia and internationally.

A handwritten signature in black ink that reads "Kathy Eagar".

Professor Kathy Eagar
Director, AHSRI

Management Advisory Board

The Terms of Reference of the AHSRI Management Advisory Board are to:

- Determine, in conjunction with the AHSRI Director and AHSRI staff, AHSRI research and development strategic directions, priorities and policies;
- Represent the views of the broader health and health service research sectors;
- Examine and evaluate health service research and development opportunities and strategies;
- Receive and consider reports on:
 - the range of activities undertaken by the AHSRI; and
 - financial management and expenditure;
- Provide advice on policy issues related to health service research and development that emerge from the concerns of industry or government, or that may be referred to it; and
- Provide advice on health service research policies, strategies and activities to assist the AHSRI to remain relevant and useful to its industry partners and the wider community.

The AHSRI Management Advisory Board consists of an independent Chair; two nominees of the University of Wollongong (UOW); two nominees of the Illawarra Shoalhaven Local Health District (ISLHD); the AHSRI Director; invited individuals including community representatives; and two AHSRI staff representatives.

BOARD MEMBERS DURING 2019 WERE:

Mr Paul Sadler (Chair)

CEO, Presbyterian Aged Care NSW and ACT
Appointed 15 June 2001

Professor Kathy Eagar

Director, Australian Health Services Research Institute
University of Wollongong
Appointed 15 June 2001

Professor Grace McCarthy

Dean, Sydney Business School
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 23 February 2016

Senior Professor David Steel

Director, Centre for Statistical and Survey Methodology
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 15 June 2001

Professor Leonard Arnolda

Director, Clinical Research
Illawarra Shoalhaven Local Health District nominee
Appointed 21 June 2016

Professor Jan Potter

Director, Division of Aged Care and Rehabilitation
Illawarra Shoalhaven Local Health District nominee
Appointed 26 August 2011

Associate Professor Rob Gordon

Deputy Director,
Australian Health Services Research Institute
Appointed 26 August 2011

Mr Dominic Dawson

Associate Director, Business Intelligence and Efficiency
South Eastern Sydney Local Health District
Appointed 29 April 2015

Dr Keith McDonald

CEO, South Western Sydney Primary Health Network
Appointed 26 June 2015

Ms Michelle Noort

Executive General Manager, Health
Silver Chain Group
Appointed 28 May 2010

Dr Melinda Williams

CEO, Peoplecare
Appointed 29 June 2018

Professor Kathie Clapham

Professor of Indigenous Health
Appointed 26 November 2010

Dr Hilarie Tardif

AHSRI staff representative
Appointed 26 June 2015

Ms Tara Alexander

AHSRI staff representative
Appointed 5 March 2005

Centre Updates



australasian rehabilitation
outcomes centre

Australasian Rehabilitation Outcomes Centre

The Australasian Rehabilitation Outcomes Centre (AROC) was established as the rehabilitation medicine clinical outcomes registry on 1 July, 2002, and has five roles:

- A national 'data bureau' that receives and manages data on the performance of rehabilitation services in Australia and New Zealand
- The national 'benchmarking centre' for medical rehabilitation
- The national certification centre for the Functional Independence Measure (FIM) instruments (designed to measure functional needs and outcomes)
- An education and training centre for the FIM and other rehabilitation outcome measures
- A research and development centre that seeks external funding for its research agenda

In 2019 AROC had 289 inpatient rehabilitation unit members (250 Australian and 39 New Zealand) who submitted 137,700 inpatient episodes and 55 ambulatory rehabilitation member services who submitted 10,700 ambulatory episodes. AROC now also works with all specialist paediatric rehabilitation units around Australia and New Zealand with seven submitting data in 2019 (435 inpatient episodes and 273 ambulatory episodes). Throughout the year, as core business, AROC continued to provide routine Benchmarking Reports to inpatient and ambulatory member facilities and summary reports to non-data submitting stakeholders.

In 2019 AROC Master Trainers conducted more than 113 face-to-face FIM/WeeFIM workshops across Australia and New Zealand. In addition, since the introduction of the online FIM and online WeeFIM refresher courses more than 1,800 courses have been purchased and sat. Almost 6,000 clinicians FIM/WeeFIM credentialed or re-credentialed in 2019.

Major undertakings in 2019 included:

- Data linkage collaborations initiated with the Australian Orthopaedic Association National Joint Replacement Registry, the Australia New Zealand Intensive Care Society, and the Australian Stroke Clinical Registry. These collaborations will see the linkage of AROC with the data from the acute care setting allowing the development of research questions that span the acute and subacute care settings.
- In association with member services a number of case studies describing a quality initiative that resulted in significant improvement in either outcomes or processes have been written and made available to AROC members.
- AROC introduced an Information Series, brief papers

aiming to provide information from the AROC data collection, beyond that reported in the standard six-monthly reports to services.

- Eight representatives from the Singapore Ministry of Health (medical, clinical and management) visited the AROC office for two days in late October. As well as learning about AROC they learnt about AN-SNAP and episodic funding mechanisms in place in Australia.
- Numerous requests for access to AROC data were received and actioned, an increasing number of which required some level of data linkage.

In addition AROC participated in a second Datathon. A Datathon is an event where clinicians, researchers and data scientists access large de-identified datasets over a weekend, to answer research questions with the potential to inform health care policy or practice. From AROC's perspective, datathons provide a collaborative forum for rapid exploration of data to answer relevant clinical questions, enabling understanding of where rehabilitation fits within the broader health system and how early decisions in acute care influence long term outcomes. Datathons provide an opportunity to demonstrate the importance of rehabilitation to the more acute minded clinicians and researchers. The theme of the Datathon that AROC participated in was 'Critical Care Recovery', and had the aim of exploring the health and community outcomes for patients after their journey through the hospital setting.

AROC continued to provide jurisdictional benchmarking workshops in both Australia and New Zealand. These workshops provided the opportunity for all providers of rehabilitation to compare the outcomes (casemix adjusted) they achieved for their patients with other facilities in their jurisdiction, and thereby gain insight into avenues for improvement. In 2019 jurisdictional benchmarking workshops were held in New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania, Northern Territory, (seven in) New Zealand, and a number of workshops for services belonging to major private hospital groups.

AROC related papers were presented at a number of conferences, including a plenary paper at the 4th Annual Scientific Meeting of the Rehabilitation Medicine Society of Australia and New Zealand. Numerous other presentations were given to parties interested or involved with AROC.

The AROC Annual Report for 2019 provides information describing the provision of medical rehabilitation and the outcomes it achieves in Australia and New Zealand.

This report and more information about AROC can be found at www.aroc.org.au.

Centre for Health Research Illawarra Shoalhaven Population

The Centre for Health Research Illawarra Shoalhaven Population (CHRISP) is a research partnership between AHSRI, UOW and ISLHD. The main goals of the research partnership are to:

- Provide access to high quality health data
- Build capacity for research and development
- Undertake research - priority driven and investigator/clinician driven
- Translate research findings into policy and practice

The multidisciplinary CHRISP team provides advice and support for each stage of the research process, which includes defining the research questions, determining appropriate research designs and data sources, analysing and interpreting the data, as well as assisting with the dissemination and translation of research findings.

The sophisticated data repository and linkage platform, known as the Illawarra Health Information Platform (IHIP), established as part of the research partnership, currently includes 21 datasets. Eighteen of these datasets include routinely collected health data sourced from ISLHD information systems, and the remaining datasets have been sourced from third party providers, such as NSW Ambulance, pathology providers and private health insurers.

Since its inception, CHRISP has undertaken 36 collaborative priority-driven and investigator-driven research projects with ISLHD clinicians, UOW academics and other stakeholders. These projects have targeted the following health priority areas:

- High use – health service utilisation and demand
- Chronic conditions – including risk factors for recurrent hospitalisations
- Older people – frail elderly and end-of-life care
- Mental health – alcohol and substance use
- Quality and safety – adverse events and health care associated complications
- Evaluation – service, policy and program evaluation

Findings from these research projects have been disseminated as 19 accepted scholarly manuscripts in peer-reviewed journals, with another three manuscripts currently under review, 25 national/international conference presentations and 25 brief reports. Some of the findings from these projects are currently being translated into changes in policy and practice.

Access to data through IHIP, and research supervision by the CHRISP team, has allowed eight ISLHD clinicians and UOW graduates to enrol into higher degree research programs (e.g. PhD, MPhil). To further enhance research capacity within the region, CHRISP has convened seminars and workshops (e.g. research translation workshops and analytics workshops) and provided mentoring to six junior/early career ISLHD and UOW researchers.

Examples of new projects which commenced in 2019 are included in the table below.

More information about CHRISP can be found at <http://ahsri.uow.edu.au/chrisp>.



Dr Luise Lago (centre) with fellow researcher Dr Victoria Westley-Wise, and Illawarra Shoalhaven Local Health District Service Lead of Emergency Mr James Brinton outside Wollongong Hospital Emergency Department. Photo: Aristo Risi

Project title	Chief Investigator / Key contact	ISLHD Clinical Advisors
The Health Impacts Research Cluster – Chronic Kidney Disease Study (HIRC-CKD)	Dr Hicham Ibrahim Cheikh Hassan (ISLHD)	-
Health Care Use among Patients with Mental Disorders in the Illawarra Shoalhaven Local Health District	Prof Nagesh Pai (ISLHD)	-
Assessment of the uptake of maternal and child health services following comprehensive primary care assessment (SAFE START model): a pilot study	Dr Victoria Westley-Wise (CHRISP-ISLHD)	Jenny Claridge, Jennifer Budd, Carolyn Frohmuller, Barbara Atkins, Amanda King
Assessing end-of-life patterns and quality of care	Dr Victoria Westley-Wise (CHRISP-ISLHD)	Dr Greg Barclay, Dr Zivai Nangat, Joanne Davis
Increasing the capacity of a Local Health District to respond to methamphetamine-related harm: Developing an integrated model of care informed by linked data, and consumer and clinician views	Dr Briony Larence (UOW)	Sarah Adams, David Reid
Understanding regional variation in post-diagnostic outpatient and community health service use among people with dementia to inform health services planning	Dr Luise Lago (CHRISP-UOW)	Clinical Professor Jan Potter, Lynne Yates
Exploratory study: Prevalence and responses to self-harm and suicidal ideation in primary school aged children	Dr Michelle Townsend (UOW)	Gillian Sanzone, Caitlin Miller
'Antimicrobial Resistance Global Challenges: the evolving threat and impact to the Illawarra Shoalhaven population' –focusing on Residential Aged Care	Distinguished Professor Antoine van Oijen	Dr Peter Newton, Dr Simeon Crawford, A/Prof Spiros Miyakis



Centre for Health Service Development

The Centre for Health Service Development (CHSD) continued its successful program of health services research during 2019. Our key focus remains conducting strategically commissioned research across the health, community and aged care sectors. It is very pleasing to report that over \$2 million in research funding was generated by CHSD in 2019 across more than 15 individual projects.

Our work in the field of program evaluation, most notably in the mental health sector, remained a key focus at the national, state and local levels. Our major evaluations of the NSW Ministry of Health's Pathways to Community Living Initiative and the Australian Government Department of Health's Improving Social Connectedness of Older Australians project pilot both progressed well during the year.

A three year evaluation of the LikeMind pilot (a NSW Ministry of Health initiative providing integrated care and support for adults experiencing mental illness) concluded in February 2019. The evaluation found that the pilot had largely achieved its primary objectives and identified a set of key achievements in this context. Key challenges and opportunities for the initiative moving forward were also identified.

An evaluation of Lifeline Australia's Text4Good pilot trial was completed, finding that the service model resulted in significant improvements for help seekers across all outcome measures, and that the service is financially viable and cost-effective.

In late 2019, we commenced a new evaluation of the NSW Ministry of Health's Emergency Drought Relief Mental Health support package. This evaluation is assessing the mental health supports component of the broader drought relief package within NSW, with our final report to be delivered in July 2020.

CHSD's work in the aged care sector continued in 2019. Our major development project, the Resource Utilisation and Classification Study (RUCS) concluded early in the year, having fully occupied the time of several CHSD members for more than 18 months. This research has particularly high national significance, resulting in a proposed new assessment and funding model for residential aged care (the Australian National Aged Care Classification). It also led to additional related work including an analysis of international staffing levels in residential aged care home undertaken on behalf of the Royal Commission into Aged Care Quality and Safety.

Various other projects geared towards maximising impact and engagement either commenced, continued or concluded during 2019. This included a suite of four literature reviews for the Australian Government Department of Health to support the national Independent Review of Nursing Education, and several dementia-related projects undertaken by Dr Lyn Phillipson and her team.

Organisationally, while the Centre for Applied Statistics in Health (CASiH) and the Australasian Health Outcomes Collaboration (AHOC) continued operating under the umbrella of CHSD, endorsement was also received from AHSRI's Management Advisory Board to administratively amalgamate the National Casemix and Classification Centre (NCCC) into CHSD. Established in 2010, the NCCC has the expertise in supporting ongoing development and use of casemix classifications in health services research, evaluation and management and providing services in relation to activity based funding. Members of the NCCC now work within CHSD, allowing us (and AHSRI more broadly) to maintain access to the wide range of expertise available. Furthermore, the team of researchers that have been advancing a strong program

of research in Indigenous health from within CHSD since 2011, under the leadership of Professor Kathleen Clapham, farewelled our centre this year and established their own AHSRI research centre, Ngarruwan Ngadjju.

Additional information about CHSD is available at <http://ahsri.uow.edu.au/chsd>.



A core team of staff, including some CHSD members, are based at our Sydney location in Circular Quay, within the Sydney Business School, University of Wollongong. AHSRI Sydney is also utilised to conduct workshops, meetings and teaching. Our affiliation with the Sydney Business School, University of Wollongong, and our location in the heart of Sydney are critical to our ongoing success.



electronic Persistent Pain Outcomes Collaboration

The electronic Persistent Pain Outcomes Collaboration (ePPOC) is a program which aims to improve services and outcomes for people experiencing chronic pain. Key functions of ePPOC are to facilitate the collection of standardised data from pain management services, analyse and report these data, use the data for benchmarking, and promote research into areas of importance in pain management.

ePPOC also encompasses PaedePPOC, which addresses the differing needs of the paediatric pain management sector. PaedePPOC allows collection of data items and assessment tools specific to the needs of children, adolescents and their carers.

PARTICIPATION IN EPPOC

There are 90 pain management services across Australia and New Zealand that contribute information to ePPOC, including 10 paediatric pain management services. ePPOC receives data describing over 32,000 episodes of care for people attending chronic pain clinics each year. The longitudinal database currently contains information relating to over 100,000 episodes. Increasingly, primary health providers of pain management services are electing to join ePPOC as a way of assessing and benchmarking their treatment and outcomes.

BENCHMARKING FOR QUALITY IMPROVEMENT

A system for benchmarking outcomes has been implemented for adult and paediatric services. This allows identification of the proportion of people who make clinically meaningful improvement in each domain, and also aids understanding of the variation in outcomes between pain services and jurisdictions. For adult services, benchmarks focus on nine domains: pain and pain interference, depression, anxiety and stress, pain catastrophising, self-efficacy, opioid use and waiting times. In paediatric services, the focus is on pain, quality of life, functional disability and waiting time for treatment.

Three benchmarking workshops were held in Australia (Melbourne and Sydney) and New Zealand (Christchurch) during 2019. Over 120 attendees from more than 70 pain services and organisations attended these workshops.

PUBLICATIONS AND REPORTS

The ePPOC Annual Data Report for 2018 was released in 2019, presenting data collected by 67 adult and nine paediatric pain management services. This report includes information regarding patients' demographic and clinical characteristics and the care they received. Accompanying the report are two snapshot infographics: 2018 Snapshot of adults seeking pain management and 2018 Snapshot of paediatrics referred for pain management.

Three journal articles using ePPOC data were published in 2019. A key publication describes the establishment and implementation of PaedePPOC as a model that could be used in other countries.

This year we also produced two brief papers from the ePPOC data collection, one describing patient's proximity to pain management services in Australia and another on socioeconomic disadvantage and referral to pain management services in Australasia.

CONFERENCE PRESENTATIONS

Australasia is leading the world in the establishment of an outcome measurement system for persistent pain management. As a result, ePPOC has been invited to present at a number of Australasian and international conferences. These presentations include plenary sessions at the International Symposium on Paediatric Pain in Switzerland, the New Zealand Pain Society Annual Conference, and topical sessions at the International Association for the Study of Pain World Congress and the Australian Palliative Care Outcomes and Benchmarking Conference.

More information about ePPOC can be found at <http://ahsri.uow.edu.au/eppoc>

Ngarruwan Ngadju: First Peoples Health and Wellbeing Research Centre

Ngarruwan Ngadju, based within AHSRI, celebrated its official launch on 14 June 2019 at the Innovation Campus. Ngarruwan Ngadju is an Indigenous-led health and wellbeing research centre located within AHSRI. Our team and work centres the needs and priorities of First Peoples by undertaking research that is high impact, innovative, strengths-based and beneficial to Community.

Ngarruwan Ngadju from both the Dharrawal and Dhurga languages means 'the sea across a long distances' (Ngarruwan) and 'freshwater' (Ngadju). The words bring together the importance of water for sustaining life. They signify the cultural connectedness between Indigenous communities along the coastal regions of Australia, freshwater communities of inland Australia and across the Pacific.

Our vision is to provide Indigenous-led health and wellbeing research, sustained by strong and enduring community partnerships.

Ngarruwan Ngadju conducts high impact research in response to the health and wellbeing needs and priorities of First Peoples and advances Indigenous research methodologies. Our research covers a wide range of health topics reflecting

our interest in understanding how the social and cultural determinants impact on the health and wellbeing of First Peoples. Our major research themes are:

- Building resilient communities
- Lifelong health and wellbeing
- Injury, trauma and recovery
- Equitable systems and policies

Strongly aligned to our research program are a set of activities designed to build research and evaluation capability within our team, with our students and in collaboration with our community and health service partners. Our program includes: supervision and co-supervision of Higher Degree Research Students; delivering seminars and workshops; and contributing to the teaching of Indigenous health at the undergraduate and graduate levels at the University of Wollongong, in particular the Graduate Certificate in Indigenous Trauma Recovery Practice.

More information about Ngarruwan Ngadju is available at <http://ahsri.uow.edu.au/ngarruwan-ngadju>.



Palliative Care Outcomes Collaboration (PCOC)

The Palliative Care Outcomes Collaboration (PCOC) is a national palliative care outcomes and benchmarking program funded by the Australian Government Department of Health, established in 2005. PCOC's primary objective is to systematically improve patient and family outcomes in palliative care through the commitment of participating services.

NEW FRONTIERS TO IMPROVE PALLIATIVE CARE OUTCOMES AND ESTABLISH PROFILES

In 2019, PCOC's momentum was sustained as we continued to chart our new direction established in 2018. This included the continued development and innovative integration of PCOC's outcomes and profile collection into services that provide end-of-life and / or palliative care within acute, primary and residential aged care settings. It has involved the development and implementation of innovative collaborative projects, such as the Improving choices through the Palliative Care Collective. This developmental project, funded by the Wicking Trust, is piloting and evaluating PCOC in residential aged care. An innovative pilot to implement PCOC within general practices in the Murrumbidgee Primary Health Network also commenced in 2019.

SHAPING POLICY AND DATA

PCOC continued to impact national and jurisdictional policy and data developments in 2019. This included PCOC's data being drawn upon within a range of submissions and expert appearances regarding Queensland's Parliamentary Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying. PCOC's Executive Director was also invited to present to the Australian Government's Department of Health Palliative Care Section to help advance ongoing and emerging work in palliative care data being undertaken by the Department.

CUTTING-EDGE REPORTS

As well as producing biannual patient outcome reports for more than 150 palliative care services, PCOC launched a suite of new reports in 2019. This included the launch of the Profile of patients receiving palliative care report in May, which is a briefer version of PCOC's profile report that combines both inpatient and community data. At-a-glance state and territory reports were launched in July 2019, providing a summary of 12-monthly snapshots of PCOC's patient outcomes data collection, including achievements of the palliative care sector against PCOC benchmark measures, in addition to a demographic and clinical overview of the patients receiving care.

INTERNATIONAL COLLABORATION

An important dimension of PCOC's new direction involves international collaborations. In 2019, this program of work resulted in invitations to help implement the nation-wide implementation of PCOC into Taiwan from the Director General of Health Promotion Administration, Ministry of Health and Welfare, Taiwan. An invitation to keynote at an international forum hosted by the Sendai University in Japan was also received in 2019. International visitors included the multidisciplinary team leading the implementation of PCOC in Ireland and, amongst others, a specialist palliative care physician who is implementing PCOC in Germany.

EDUCATION, TRAINING AND RESOURCE DEVELOPMENT

In addition to PCOC's usual online education and face-to-face workshops being held, PCOC hosted a workshop for international collaborators who are implementing PCOC in countries other than Australia. Attendees included palliative care physicians, educators, researchers, policy makers and palliative care nurses and improvement facilitators, including from Ireland, Taiwan, Singapore, England and Canada. At the invitation of the Australian Government Department of Health, PCOC also hosted a national workshop for representatives from the Australian Government funded Primary Health Network Greater Choice for At Home Palliative Care program. PCOC's Quality and Education Manager also led on the development of PCOC's Service Capability Framework, in collaboration with Palliative Care Australia. This involved extensive mapping, testing, application and collaboration to ensure a quality and extremely useful tool.

INAUGURAL OUTCOMES AND BENCHMARKING CONFERENCE

PCOC hosted its inaugural Outcomes and Benchmarking Conference in November 2019, held at the International Convention Centre, Sydney. The conference's theme was Using evidence on patient outcomes to improve the future of palliative care. Through the dedication and hard work of the PCOC team, as well as the service providers, consumers and industry partners who collaborated with us on the conference, the event was an outstanding success. More information about this conference is included in the next section of this report.

INTRODUCING PCOC'S NATIONAL MANAGER

In February 2019, Dr Daveson became the National Manager of PCOC and a Senior Research Fellow at AHSRI. Barb has published widely including on research conducted in Australia, Europe and the United States of America, and presented internationally. Barb started work as a therapist in palliative care in 1998. Since then, she has held research and health service management posts in Australia and the United Kingdom. Her postdoctoral work led to her appointment as the Cicely Saunders International Lecturer in Health Services Research in Palliative Care at King's College London. She has held executive positions within the Australian federal government, helping develop national policy for the benefit of consumers and their unpaid carers. Barb will be a great asset to PCOC and brings a wealth of experience that will be valuable to AHSRI more generally.



Dr Barb Daveson, National Manager of PCOC.

Awards, Recognitions & Events

Ngarruwan Ngadju Research Centre opens at AHSRI

RESEARCHERS FOCUS ON HEALTH, WELLBEING OF SOUTH COAST INDIGENOUS COMMUNITIES

Ngarruwan Ngadju: First Peoples Health and Wellbeing Research Centre, based within AHSRI, celebrated its official launch on 14 June at the Innovation Campus.

Ngarruwan Ngadju will be a focal point for high impact, Indigenous-led, health and wellbeing research. The centre will maintain partnerships and relationships with Indigenous communities in the south coast region and beyond.

The team of eight researchers is led by Indigenous Health Professor Kathleen Clapham, a senior Aboriginal researcher and anthropologist, as well as the former director of UOW's Woolyungah Indigenous Centre.

Professor Clapham says the development of Ngarruwan Ngadju has emerged from strong collaborations.

"It gives us an identity," Professor Clapham said.

"Rather than being the team that works in the corner of AHSRI, we are the Ngarruwan Ngadju: First Peoples Health and Wellbeing Research Centre."

So what does Ngarruwan Ngadju mean?

"Ngarruwan is the sea, the salt water over a long distance, it connects our communities down the coast, it connects us with our international partners," researcher Dr Marlene Longbottom said.

"Ngadju is fresh water, Kath is a fresh-water woman. The name represents all of our team, it's also about the sustenance that water provides us; water is life."

The team's research focuses on the health and wellbeing of South Coast Indigenous communities. They put a microscope on services which are making a positive impact in the Illawarra, the Shoalhaven, Batemans Bay and Bega. They aim to identify what's working well, and bring evidence to light in the broader community.

"We're saying our communities have strengths, they have capabilities and abilities," Dr Longbottom said.

"How do we scaffold that, support that with our institutional knowledge and how do we transfer that knowledge so they can then do their own research and evaluation?"

Researcher Layne Brown has been evaluating a program run by the Coomaditchie United Aboriginal Corporation at Kemblawarra. The program works with kids at risk of being suspended or leaving education. It supports cultural teaching and provides academic, living and social skills. It connects young people with their family and their community.

"We're looking into that (program), why does it work, what's the difference between this and school?" Mr Brown said.

The team also addresses issues of inequality, such as Indigenous life expectancy and suicide rates.

"To start to explore the conundrum of the inequalities which exist, let's look at the root causes of those," Dr Longbottom said. "Let's not try to blame individuals, let's look honestly at the history of Australia and our region, let's look at the structures that sustain the inequalities."

Adapted from original story written by Bec Fist, University of Wollongong



Inaugural PCOC Outcomes and Benchmarking Conference

PCOC hosted its inaugural Outcomes and Benchmarking Conference on 20 and 21 November at the International Convention Centre, Sydney, highlighting how the use of data and evidence can improve patient care and help families adjust better to loss and bereavement.

Although most people don't like to talk about death, evidence from PCOC provides a reason for optimism. Data collected by the research centre shows that people who receive palliative care in Australia are less likely to experience serious symptoms such as pain at the end of life – and the rate of those problems is significantly lower than a decade ago.

The theme of the conference was 'Using evidence on patient outcomes to improve the future of palliative care'. The conference objectives were to:

- Build upon and showcase key initiatives and developments in outcome measurement for patients and families affected by life-limiting illness, marking an exciting new direction for outcome measurement in palliative care in Australia and internationally
- Reflect the maturity of the palliative care sector, with leaders from Australia and across the world participating to promote approaches that systematically improve patient and carer outcomes
- Progress international best practice and outcome measurement across settings and sectors of care.

This scope allowed for presentations focusing on palliative care patient and carer outcomes in hospitals, hospices, residential aged care facilities, and aged care, primary care, community and paediatrics and included opportunities to advance patient outcomes through a focus on the development of data and innovations in technology. An expert by experience also helped shape discussions during the conference with her moving and thought-provoking reflections in the opening section of the conference.

An important focus for the inaugural conference program was understanding the difference in outcomes for those who die at home compared with hospital. Using PCOC data, researchers have demonstrated that people are 51 per cent more likely to be free of severe or moderate symptoms just before death if they are in hospital, rather than at home. Yet many people who have a terminal illness express a desire to die at home, highlighting the importance of informed choice for patients and families.

Over 400 delegates attended the conference, including representatives from Canada, Germany, Hong Kong, India, Ireland, Japan, New Zealand, Singapore, Taiwan and the United Kingdom. The Hon Michael McCormack MP, Deputy Prime Minister of Australia, was also in attendance, commenting that it was:

“Wonderful to stop by the PCOC conference and hear from health professionals about learnings from patient experience to improve palliative care outcomes for regional and remote Australians.”

We thank all of the participating delegates for sharing their achievements. We thank and acknowledge the experts by experience, the consumers involved in shaping and delivering the program. We also thank our funder who is the Australian Government Department of Health.

Feedback about the conference from delegates was overwhelmingly positive, and we look forward to hosting the next conference in the future.



AHSRI's standing receives further boost

The significance of AHSRI was accorded further public acknowledgment this year, being selected as the featured research organisation in a new health film series developed by the Australasian College of Health Service Management through ASN Media.

The short film focused on the broader 'systems and services' component of health management in Australia, telling the story of the Institute's research and outcomes through two case studies (aged care and access to emergency care) that explain how its research is being applied in the real world.

The film series is aimed at those involved in the health sector, academics in the field of health service research and development and the community more broadly.

AHSRI's flagship work supporting system-level change that leads to better patient outcomes was showcased, as was our position as a leader in health services research which had demonstrated its powerful influence on health policy.



Professor Grace McCarthy receives Vice-Chancellor's Award

The Vice-Chancellor's Awards aim to encourage and recognise exceptional performance from University staff members who demonstrate outstanding achievement in activities that are aligned to the University's vision and strategic goals.

Professor Grace McCarthy, Dean of Sydney Business School in the Faculty of Business and AHSRI Management Advisory Board member was awarded the Vice Chancellor's Award for Research Supervision (highly commended) for 2019. This is a wonderful achievement and a testament to the high quality supervision provided to HDR students in the Faculty of Business. The awards ceremony was held on 22 August in the University Hall.



Professor Melanie Randle appointed to ARC College of Experts

Announced on 5 November, long-time AHSRI collaborator Professor Melanie Randle, Associate Dean (Research) from the Faculty of Business will join existing University of Wollongong members on the Australian Research Council (ARC) College of Experts in 2020.

To support the advancement of knowledge and contribute to national innovation, the ARC engages an ARC College of Experts to play a key role in identifying research excellence. Its members are experts of international standing drawn from the Australian research community: from higher education, industry and public sector research organisations.

Melanie's research focuses on utilising marketing concepts to attract more volunteers and foster carers. It investigates which types of people are likely to be interested in and excel in these different roles, and how they can be targeted by customised marketing campaigns. This has involved bringing various disciplines together – including marketing, psychology and creative design – to develop new marketing campaigns that are effective in reaching and motivating people to take up these roles. Practically, results have been used by local volunteering and foster care organisations to develop new marketing and branding strategies that have resulted in significant increases in their numbers of volunteers and foster carers.



Research Highlights

The future of aged care: Impacting system reform and improvement

Australia's aged care system helps older people to live independently in their homes. It also provides support and accommodation when this is no longer possible. The system touches the lives of many Australians; in 2017-18, over 1.3 million older people received some form of aged care, and in 2018-19 the Australian Government spent \$19.9 billion on this sector.

Since our establishment as the Centre for Health Service Development in 1993, a key focus of our program of research has been aged care. Over the years we have examined a myriad of issues relating this complex system, while developing vast expertise in this area.

AHSRI's emphasis on research into aged care has been sustained and enhanced over recent years. Our expert knowledge, skill and experience has been demonstrated through several crucial projects that are informing ongoing policy, funding and quality in aged care while significantly influencing reform and shaping the future of the sector. Our work in 2019 consolidated AHSRI's position of leading the aged care sector through a number of major initiatives.

A significant achievement has been the development of a new funding model for the residential aged care sector, the Australian National Aged Care Classification (AN-ACC) which is expected to revolutionise the way the sector is funded and operates. The AN-ACC is the outcome of the ground-breaking Resource Utilisation and Classification Study (RUCS) we undertook during 2018-19 following our earlier review which found the current Aged Care Funding Instrument (ACFI) was no longer 'fit for purpose'. A detailed overview of the RUCS is provided elsewhere in this report. The AN-ACC assessment and funding tool is designed to capture the core attributes of aged care residents that drive care costs in residential aged

care and is designed to be undertaken by an external expert clinician who is not familiar with the resident. It separates assessment for funding from assessment for care planning which, appropriately, will continue to be undertaken by aged care clinical and care staff who know the resident well.

Findings from the RUCS, and the proposed AN-ACC, have been well-received. Professor Eagar presented the findings to over 80 representatives of aged care providers, peak bodies, clinicians, regulators and experts at a national meeting in March 2019, which led to overwhelming endorsement of all RUCS recommendations and support for the wholesale implementation of the AN-ACC as it had been designed. While there has been no public commitment by the Australian Government to the AN-ACC, work has commenced on clarifying elements of the overall design and infrastructure required to facilitate its implementation. AHSRI has provided initial support to the trial the AN-ACC assessment framework being undertaken by the Australian Government which commenced in November 2019 and is due for completion in April 2020. The AN-ACC provides a casemix classification system for aged care funding, which has the potential to support ongoing monitoring and quality improvements within the sector.

Against this backdrop, we have also been involved in supporting the work of the Royal Commission into Aged Care Quality and Safety that commenced in October 2018. The first commissioned research published by the Royal Commission was an international review of staffing models in aged care undertaken by AHSRI, drawing on the data collected under RUCS. The research found that over half of all aged care residents in Australia were living in care homes that have 'unacceptable' staffing levels. It recommended the adoption of a five-star rating system currently used within the USA, appropriately adapted for the Australian context. The research received significant media interest.

AHSRI Director Professor Kathy Eagar appeared as a witness to the Royal Commission on 14 October 2019 where she provided information regarding the development of the AN-ACC and expanding on findings raised in the international staffing models (Research Paper 1).

At over two hours, Professor Eagar's evidence highlighted the different practices, systems and cultures that exist in aged care compared to the health system, including the capacity for casemix funding systems to drive quality and safety. Her statement included the following recommendations:

- The introduction of a five star rating for Australian aged care homes, similar to the US model
- Inclusion of allied health staff in the rating system
- Increased funding to bring staffing levels in aged care to an 'acceptable level'
- Introduction of the AN-ACC to underpin the rating system
- Cultural and policy reform that delivers clinically competent and adequate care within a non-institutional environment.

A media monitoring report produced by UOW Media on media coverage related to AHSRI during the Aged Care Royal Commission (for the period 1 October - 17 October 2019) demonstrated the media interest generated by our work, with 444 editorial mentions and a potential reach of 21.5 million



(representing the approximate number of article views AHSRI and Professor Eagar appeared in). Eleven articles were shared 2,600 times on social media, with ABC News having the most popular article on social media with 1,400 shares. Video and transcript of the hearing is available from the Commission's website.

In addition to Professor Eagar's appearance at the Royal Commission, Associate Professor Lyn Phillipson also appeared before the Royal Commission on 29 July to give evidence about carers or older Australia, noting the federal

government's one-stop shop for supporting carers has a "fatal flaw" because it cannot provide the respite caregivers need to access the services.

Several of AHSRI's past reports have been included on the Royal Commission's 'related publications' webpage, including the ACFI review, and reports from evaluations of the Better Health Care Connections and Encouraging Better Practice in Aged Care programs. AHSRI expects to continue to contribute to the work of the Royal Commission throughout 2020.

Informing national nursing education reform

The Australian Government commissioned an independent review (the Review) of nursing preparation in Australia – Educating the Nurse of the Future – as a measure within the 2018/19 Federal Budget. This future-focused Review was led by Emeritus Professor Steven Schwartz AM, with the support of the Office of the Commonwealth Chief Nursing and Midwifery Officer. The Government called for this Review because of the significant changes that have occurred in health care, higher education, and demographics since nursing education was last examined in 2002. It considered how education and preparation of nurses in Australia will ensure the nursing workforce is well placed to meet the future needs of Australian communities and our health system.

Nurses are the largest single health profession in Australia, comprising more than 40 per cent of Australia's health workforce (Department of Health, 2019).

Extensive public consultation informed the review. More than 1,100 educators, clinicians, supervisors, policy-makers, patient group members, students, managers, and union representatives attended consultations across Australia in metropolitan, regional and rural areas. The review also received 84 written submissions and surveys of specially targeted groups were conducted.

In addition, as a key mechanism to inform the review, the Centre for Health Service Development (CHSD) and School of Nursing, University of Wollongong, were commissioned to produce four rapid literature reviews on particular topics identified as highly relevant to the review.

The literature reviews reflected the issues outlined in the Terms of Reference for the review and were used to help inform the public consultation and stakeholder engagement that underpinned the review. Research questions were

specified by the Department of Health. Guidance was provided by a national nursing education working group and an international nursing education advisory team, comprising expert nurse educators and clinicians. Review 1 explored new graduate nurses' (Registered Nurse, Enrolled Nurse or Nurse Practitioner) fitness for purpose, work readiness and transition to practice in the first year of practice. Review 2 addressed nursing as a career choice and explored specific issues relating to increasing workforce diversity through strengthening the engagement of underrepresented groups (for example, men, indigenous people, culturally and linguistically diverse groups) in nurse education. Increasing the participation of underrepresented groups was seen as a strategy for building a nursing workforce more representative of the general population. Review 3 addressed clinical skill development and the period of education prior to qualification. Clinical skills were defined as the technical and non-technical skills, knowledge and attributes required of these nursing designations. Review 4 investigated future directions in healthcare delivery particularly those trends likely to impact the education and training of healthcare professionals. Through consideration of the international and national context, the potential impact of these trends was explored for the prospective key skills and attributes required of nurses.

Professor Schwartz's final report and AHSRI's supporting literature reviews were submitted to The Hon Greg Hunt MP, Minister for Health, and publicly released in December 2019. The Government is now considering the recommendations of the review, which the Minister says "will have a positive impact on nursing education and the health care needs of all Australians now and into the future". The next challenge is for the outcomes of the review to be translated into practice across both the education and health sectors.



Mental health program evaluation

Reform in mental health services has been a priority for State and national governments for almost a decade, with the establishment of Mental Health Commissions to track progress and increase accountability (Mental Health Commission of NSW, 2018). It is not surprising that AHSRI has seen a corresponding increase in the number of projects we are undertaking in the area of mental health. Below, we provide an overview of the most recent projects and also summarise selected earlier projects, which encompass a diverse range of initiatives across the full spectrum of mental health interventions and services (Institute of Medicine, 1994; Commonwealth of Australia, 2013).

PREVENTION AND EARLY INTERVENTION

Preventive services can be targeted to the general public or a whole population group (universal interventions), to individuals with known risk factors for mental illness (selective interventions), or to high-risk individuals with symptoms or early signs of mental illness (indicated interventions, aka early intervention; Institute of Medicine, 1994). During 2019, we undertook four projects examining preventive mental health services, and have completed several others in recent years.

Two current projects target older people who are marginalised and isolated, which can lead to severe problems such as depression. The national evaluation by CHSD of the Improving Social Connectedness of Older Australians pilot project involves working with residents of Mandurah (WA) and the Hawkesbury region (NSW) to assess the impact of asset-based community development to connect people and build age-friendly communities. Living Connected is a long-term collaboration to ensure older people between Bulli and Bega have access to the benefits of the internet, helping them to remain independent, connected, and engaged. The former project is funded by the Australian Government, and the latter operates through a not-for-profit community enterprise model. Both projects will contribute to the evidence base for interventions that improve social connectedness and thereby reduce the risk of mental and physical ill health in older people.

The drought occurring across large areas of rural NSW has led to a surge in mental health problems. In response, the NSW Ministry of Health is providing a package of counselling services and supports for farmers, their families, and others in drought-affected communities. A key challenge for CHSD in evaluating the NSW Emergency Drought Relief: Mental Health Supports program is the fact that the initiative is not operating in a vacuum; rather, it is being implemented in a complex environment with other initiatives. It has been critical to work with stakeholders to identify novel evaluative methods that assess the level of 'value-add' associated with this program.

In 2018-2019, CHSD worked with Lifeline Australia to evaluate Australia's first SMS-based crisis support service. Evaluation of the Lifeline Text Pilot Trial drew on operations data from Lifeline call centres, data collected from help seekers via automated questions ('chat bot') on their mobile phones, document analysis, an online survey, and interviews with Lifeline staff members. Information from the formative and economic evaluation by CHSD was used by Lifeline Australia to support efforts to secure funding for a continuing service with extended hours. This project built on our earlier work in crisis support and suicide prevention, such as the Scoping study for suicide prevention training for health professionals in NSW (2015) which examined gatekeeper training programs for health workers who do not have mental health specialist qualifications but may encounter suicidal individuals during their day-to-day clinical work.

Two earlier projects specifically targeted men's social

connectedness and mental health. CHSD developed an evaluation framework for the Healthy Cities Illawarra Men's Shed in 2005, employing a participatory action research methodology. This enabled a continuing evaluation of a local men's shed to 2016. Evaluation findings demonstrated many benefits, including improvements in participants' self-reported mental health. AHSRI was also involved in using a large research grant from the Movember Foundation (2015-2018) to develop and evaluate a sustainable intervention for mental health promotion among young men, embedded into the ongoing practice of leading national peak sporting bodies.

TREATMENT

Mental health treatment services are therapeutic and targeted to those who have a diagnosis of mental illness or are close to meeting established diagnostic criteria. The goals include identifying cases, providing standard treatments, and reducing the likelihood of co-morbidities (Institute of Medicine, 1994). AHSRI projects in this area have included evaluation of an innovative service model and contributing to improvements in the costing of mental health services and measuring outcomes.

The NSW Ministry of Health has linked with non-government organisations to provide service hubs for the care of adults with moderate to severe mental illness. The LikeMind model assumes that co-locating services in community-based, accessible premises with shared service protocols will result in better outcomes for consumers. CHSD has been conducting the Evaluation of the LikeMind Pilot since 2015 and was recently commissioned to continue this work until 2022. We are working closely with consumers, mental health clinicians, and other stakeholders to examine implementation and understand issues associated with effective delivery of integrated mental health services.

There is increasing need to support the mental and physical health and wellbeing of people living with dementia. AHSRI is involved in an interdisciplinary project, Connections for Life with Dementia, which aims to reduce barriers and support social connections for this population. The project draws on the expertise of people with dementia and their family carers, and partners with the Illawarra Shoalhaven Local Health District, Kiama Municipal Council/Blue Haven Care, Playgroup NSW, and the IRT Foundation. Another major project, funded by an NHMRC-ARC Dementia Research Development Fellowship Grant (2016-2020) for Associate Professor Lyn Phillipson, has examined ways to promote participation and care outcomes for older consumers, including those living with dementia, who are receiving home care packages under the prevailing Consumer Directed Care funding model.

AHSRI has also worked at the other end of the life span, evaluating video conferencing delivery of mental health services for young people. The Kiama Youth Mental Health National Broadband Network evaluation (2012-2014) combined stakeholder interviews, service use data, and an online survey of headspace clients who had accessed counselling via video conferencing technology.

Several small projects by AHSRI have contributed to aspects of mental service quality improvement, including a costing project for South Eastern Sydney Local Health District (2015), and a project to identify and compare models of care for mental health frequent callers to the Ambulance Service of NSW (2011). Reconciliation of mental health reporting (2015-2016) developed a methodology to reduce the duplication of effort in reporting from two separate state-wide mental health information systems, both of which contributed to mandatory national data collections. Mental health is an important focus for several AHSRI centres. For example, ePPOC has established benchmarks for pain units across Australia and New Zealand



relating to improvement in mental health and cognition. CHRISP has undertaken research using the IHIP data to examine health service use and outcomes relating to suicide prevention, and drug and alcohol use.

CONTINUING CARE / REHABILITATION AND RECOVERY

For some individuals it will not be possible to prevent the onset of mental illness or to eliminate symptoms through standard treatments, and these people will need services that help them maintain their health, continue to engage in treatment, and prevent relapse or worsening of symptoms (Institute of Health, 1994). Recovery-focused rehabilitation is a strengths-based approach which aims to promote hope and help consumers build identity and personal control, and find meaning and purpose in life (Commonwealth of Australia, 2013).

Evaluation of the Pathways to Community Living Initiative (PCLI, 2015-2020) will assess the implementation, impacts, and economic outcomes of a major program to support the transition of long-stay mental health patients into appropriate, community-based services. As part of the NSW Mental Health Reform 2014-2024, the PCLI is led, funded and coordinated by the NSW Ministry of Health in collaboration with 10 local health districts. CHSD is evaluating the processes and outcomes with mixed-methods approaches including qualitative interviews, surveys, document review, and linkage of large administrative datasets. We are using innovative, accessible methods to engage with people with severe and persistent mental illness and their family carers, to understand

their experiences of the PCLI. We have carried out regular site visits and interviews with key informants to follow the processes of implementation as they unfold and to grasp the effects of local contextual factors. Formative evaluation findings are reported regularly to the project steering committee, clinician workshops, and other engagement and governance structures, to inform implementation.

In conclusion, AHSRI's involvement in mental health service evaluation and development dates back at least 20 years, to when we designed a national evaluation strategy for the National Demonstration Projects in Mental Health Integration. Over the past five years in particular, AHSRI has built a substantial body of work with positive impacts on mental health service delivery, policy, and practice. We have used participatory methods and novel techniques to involve vulnerable consumers and family carers so their voices and opinions can be heard. Through this ongoing work we have developed significant knowledge and expertise in mental health program evaluation.

References

- Commonwealth of Australia (2013) A national framework for recovery-oriented mental health services: Guide for practitioners and providers. Canberra: Australian Health Ministers Advisory Council.
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- Mental Health Commission of NSW (2018) Paving the way home. Lessons from My Choice: Pathways to Community Living Initiative. Sydney: Mental Health Commission of NSW.

Projects

Over 20 research and evaluation projects were undertaken in 2019. These included a mix of short-term projects completed in one calendar year and longer-term projects extending in part throughout 2019. A summary of each project's activities and achievements is provided below.

Resource Utilisation and Classification Study

**AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH**

**TOTAL FUNDING: \$2,304,629
AUGUST 2017 – FEBRUARY 2019**

BACKGROUND

The Resource Utilisation and Classification Study (RUCS) commenced in 2017, and was commissioned by the Australian Government Department of Health to develop and test a new funding model for residential aged care in Australia. The study had been recommended out of an earlier review by AHSRI that found the existing funding model (the Aged Care Funding Instrument) was no longer fit for purpose.

The RUCS was designed to identify the characteristics that drive costs related to both the 'individual' care needs of residents (hypothesised to be associated with end of life needs, frailty, mobility, functional decline, cognition, behaviour and technical nursing needs) and the 'fixed' costs of providing care (facility characteristics such as the location, size and service specialisation). Extensive consultation was undertaken with the aged care sector in 2017 during the study design and preparation phase.

WHAT WE DID

The RUCS comprised four separate but closely related sub-studies:

- Service utilisation and classification development (Study One)
- Fixed and variable cost analysis study (Study Two)
- Casemix profiling study (Study Three)
- Reassessment study (Study Four).

Study One comprised a detailed collection and analysis of service utilisation and assessment data for residents and financial data from 30 homes across three regions of Australia: the Hunter region in NSW, metropolitan Melbourne and Northern Queensland. All residents in these residential care homes were assessed using a tool specifically developed for the study and administered by independent external assessors. The tool was developed based on the advice of four clinical panels of experts from the health and aged care fields and was aimed at capturing the resident care requirements likely to be drivers of care staff time and resource use.

Data were also collected about the services that these residents received, the amount of time and the type of care staff involved. These data were used to create a 'casemix' classification that captured the different care needs groups of residents within Australian residential aged care homes. Study One also captured information about the proportion of time and costs involved in providing care across all residents

generally (shared care). These more general care activities included activities such as supervision in dining and lounge rooms, and delivering meals and medications. This additional analysis informed the design of a funding model that includes fixed (shared care) and variable (individualised care) components. Study One also examined whether there is an initial adjustment period for each new resident that involves a higher level of individualised care inputs and costs.

Study Two involved the collection of financial information (expenses only) from a nationally representative sample of homes across Australia. The focus of this study was to identify the characteristics of residential care homes that result in different levels of fixed cost. The analysis targeted factors such as facility size, geographic location, target populations (e.g. Indigenous and CALD groups) and any seasonal impacts. This analysis informed the design of the proposed fixed and variable payment model. A supplementary micro-study was also conducted during 2019 to provide additional information about the cost structures of facilities classified in Categories 3, 4 and 5 of the Modified Monash Model geographical classification system.

Study Three used the results of Studies One and Two to develop and test a new aged care funding model. The classification system developed in Study One was applied to a national sample of aged care facilities, again based on external assessments, to identify a national residential aged care casemix profile. The fixed and variable cost information that resulted from Studies One and Two was used to develop and test the impact of moving to the new model.

Study Four was a supplementary study that was added to measure how the care needs of residents changed over a period of about six months. This involved the reassessment of half the Study One residents plus the capture of any critical events, such as hospitalisations, falls, and reablement/restorative care programs. The results of Study Four were used to inform the development of reassessment protocols associated with the outcomes of the RUCS.

A suite of seven reports on the key elements of the RUCS were produced, and released publicly by the Department of Health in February 2019. The major output of the RUCS was the proposed new assessment and funding model called the Australian National Aged Care Classification (AN-ACC).

This project has led to related work detailed elsewhere in this report, including a report on international staffing levels in residential aged care homes undertaken on behalf of the Royal Commission into Aged Care Quality and Safety.

Evaluation of the Pathways to Community Living Initiative

NSW MINISTRY OF HEALTH

TOTAL FUNDING: \$1,132,427
FEBRUARY 2017 – DECEMBER 2020

BACKGROUND

The Pathways to Community Living Initiative (PCLI) commenced in 2015 to support the transition of long-stay mental health patients into appropriate community-based services as part of the NSW Mental Health Reform 2014-2024. It is a key component of the reform underpinned by substantial investment from the NSW Government. The PCLI is led, funded and coordinated by the NSW Ministry of Health in collaboration with Local Health Districts. CHSD was commissioned in 2017 to conduct a formative and summative evaluation of the program.

WHAT WE DID

The goal of the PCLI evaluation is to help consumers, carers, clinicians, managers and policymakers assess the impact of the PCLI and the extent to which it is meeting its objectives, identify opportunities to refine the program, and inform investment and practice change. There are four components: consumer outcomes; consumer and carer experiences; provider and system outcomes; and economic evaluation. Ethical approvals were renewed during 2019.

The mid-term *Evaluation Report 3: Presenting evidence of practice change* is a substantial report presenting a wealth of qualitative and quantitative data. Submitted to the Ministry of Health in December 2018 (with an updated version in early February 2019), this evaluation report included analysis of consumer outcomes based on PCLI assessments, matched with routinely collected mental health data. It also provided first-hand accounts of consumer and carer experiences of transition to the community.

In preparation for the major deliverable of 2019, Evaluation Report 4, data from the PCLI database were extracted in July 2019, matched with administrative data, and provided in de-identified form to the evaluation team in September 2019 for analysis of consumer outcomes. The evaluation team visited all six primary implementation sites and three other implementation sites between June and September 2019. A total of 45 key informant interviews were conducted. Many of these interviews involved two or more interviewees; 90 individual stakeholders took part. During October, November and December 2019 we conducted site visits to aged care homes to explore the perspectives of management and staff within participating units and to view how the units operated. We also interviewed former long-stay consumers – that is, people who had spent long periods of time in inpatient mental health facilities and had transitioned to community living through the PCLI program – about their experiences of the move and satisfaction with life in their new accommodation. Several family carers were also interviewed. *Evaluation Report 4: Strengthening partnerships through collaboration* was submitted in December 2019.

A proposal to extend the timeline and scope of the evaluation was presented to the Ministry of Health in late 2019. The evaluation team has also participated frequently in governance and communication activities, including regular attendance at PCLI Steering Committee meetings. This close engagement provides opportunities to gain a deep understanding of the program and monitor developments as they happen. In May 2019 and June 2019, we held two mini-workshops at the Sydney Business School to discuss progress on implementation, strategic considerations for the PCLI, and future plans for the evaluation. These discussions were informed and guided by the recommendations from the first three evaluation reports, which in turn have been guided by a theoretical model of large-scale transformational change in healthcare systems.

Evaluation of the Improving Social Connectedness of Older Australians project pilot

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH

TOTAL FUNDING: \$572,551
NOVEMBER 2018 – JUNE 2021

BACKGROUND

In late 2018, CHSD was engaged to undertake an evaluation of the Improving Social Connectedness of Older Australians project pilot, a 'Better Ageing' initiative of the '2018-19 More Choices for a Longer Life Budget Package'.

The pilot project is implementing an intervention to improve social connectedness amongst older Australians and is testing delivery of these methods through Primary Health Networks (PHNs). The objective is to review and adapt existing models and frameworks (where relevant) that focus on processes and 'connection' interventions that increase the social connectedness of older Australians who are assessed by their primary health care professional and / or community based service providers as having, or being at high risk of, social isolation and / or loneliness. Implementation of these models commenced mid-year.

WHAT WE DID

The evaluation is currently being undertaken over two years with planning and design activities commencing in early January 2019. The two pilot sites are Perth South PHN and Nepean Blue Mountains PHN. The Australian College of Mental Health Nurses has been funded as the project manager and will be engaged in co-design and implementation of the pilots.

The evaluation aims to contribute to the evidence base for interventions that improve social connectedness and reduce the risk of mental and physical health problems in older people. It is also exploring implementation of the interventions, particularly in the context of PHN commissioning arrangements. During 2019 an evaluation framework was finalised and data collection and site visits commenced with implementation sites. A community of practice has been established using the Confluence platform. All members of the project steering committee have access to this site to facilitate collaboration and information sharing about project design, implementation and evaluation.

A place based model for Aboriginal community-led solutions

AUSTRALIAN RESEARCH COUNCIL

TOTAL FUNDING: \$498,000
MAY 2019 – JUNE 2022

BACKGROUND

This project explores the ways in which Aboriginal Community Controlled Organisations (ACCOs) contribute to Aboriginal health and wellbeing.

Strongly connected to place, ACCOs have developed unique approaches, partnerships, programs, forms of community engagement and models of service delivery. They operate within a holistic Aboriginal cultural framework or set of principles and offer pragmatic and flexible models of delivery. Their programs access, engage with and deliver Aboriginal services, and provide leadership and capacity building opportunities, all of which are critically important to local Aboriginal communities. However, there has been a lack of systematic research, evaluation or understanding of the vital role of ACCOs and this often renders them invisible or insignificant and jeopardises their survival in a competitive funding environment. Few of the innovative models that operate within ACCOs have been theoretically considered, documented or evaluated. This study addresses this knowledge gap and consequently optimises the long term and sustainable impacts of ACCOs on Aboriginal health and wellbeing

This project involves the Aboriginal led investigator team working in partnership with ACCOs across south eastern NSW. We apply a decolonising lens to better understand how Aboriginal organisations successfully operate within, and enable, key networks across social and community contexts; and investigate how, why and under what circumstances, community led programs are effective.

The main aim of the project is to develop an Aboriginal place based model of service delivery, and to share and transfer learnings to locations in Western Australia and Queensland. The study's research aims will be achieved using a four phase design:

- Phase one will describe the policy environment;
- Phase two will use regional case studies to understand and contextualise Aboriginal community controlled approaches;
- Phase three will co-design a strategy to support the ACCO model;
- Phase four will translate the learnings from south-eastern NSW to other locations within Australia.

WHAT WE DID

During 2019 we conducted three literature reviews. A scoping review of the literature on ACCOs was undertaken determine the number, nature and scope of exiting peer-reviewed literature on ACCOs. In a separate review we identified literature around Aboriginal conceptions of place in relation to health and are conducting a narrative analysis of the results. Additionally we have reviewed how 'place-based' is understood and applied by government in their policies, planning and programs of activity.

Ethical approval was obtained from the Aboriginal Health and Medical Research Council of NSW to conduct phases one and two of the project. For phase one we have identified and have commenced a series of semi-structured interviews with key policy stakeholders from regional, state and Commonwealth Government. Work on the regional case studies for phase two will commence in 2020.



Literature reviews – Educating the Nurse of the Future

**AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH**

**TOTAL FUNDING: \$442,802
FEBRUARY 2019 – APRIL 2019**

BACKGROUND

The Independent Review, “Educating the Nurse of the Future”, was announced as a measure in the 2018/19 federal budget. This independent examination of the educational preparation of nurses to meet professional registration requirements, was undertaken by Emeritus Professor Steven Schwartz with the support of the Office of the Commonwealth Chief Nursing and Midwifery Officer. It is the first national review of nursing education since 2002.

The Department of Health commissioned a team from the Centre for Health Service Development and School of Nursing, University of Wollongong to complete a series of literature reviews on particular topics identified as highly relevant to the Review. The completion of the literature reviews represented an important initial project phase as these findings informed the consultations with key stakeholders and identified contemporary issues in nursing education that might influence the Review.

WHAT WE DID

To ensure an appropriate breadth and depth of nursing expertise a national working group of nursing educators and clinicians was established and complemented by an

international nursing education advisory team. The national nursing education working group comprised experienced nursing educators and clinicians drawn from across Australia. An international advisory team included three experts in nursing education from the US and UK and this facilitated exploration of the international context.

Each topic had research questions that were specified by the Department of Health. The results of these literature reviews aimed to prompt and inform discussion and conversation about particular issues that in summary relate to:

1. Fitness for purpose, work readiness and transition to practice
2. Nursing as a career choice
3. Clinical skill development
4. Future directions in health care delivery

These are important issues for policy development and decision-making about the future of nursing education in Australia. The aim of nursing education is that it adequately prepares nurses of all levels and endorsement, to safely and competently perform their roles; it is from this perspective that these reviews have been framed. The three nursing designations in-scope for these literature reviews are: Enrolled Nurses (ENs), Registered Nurses (RNs) and Nurse Practitioners (NPs).

The public release of the final report and supporting literature reviews occurred in December 2019.



Connections for Life with Dementia

**PARTNERS: IRT GROUP, PLAYGROUP NSW,
BLUEHAVEN CARE, ILLAWARRA SHOALHAVEN
LOCAL HEALTH DISTRICT**

**TOTAL FUNDING: \$410,000
2019 – 2020**

BACKGROUND

Dementia is a global challenge that requires interdisciplinary thinking, collaboration and innovation to improve the lives of people living with dementia. With no effective medical treatments or cure in sight, there is increasing urgency to support the social health and wellbeing of people living with dementia and those at risk of developing it.

WHAT WE DID

‘Connections for Life with Dementia’ is building understanding and taking action to support, and enhance the social health of people with dementia through reducing barriers and

providing support for social, civic and care connections. Connections for Life with Dementia specifically explores how neighbourhood and home design (Design Connections); intergenerational play (Play Connections); and creative, personalised supports in aged care (Care Connections) can support people with dementia to live connected lives that are manageable, meaningful and comprehensible.

The project, led by Associate Professor Lyn Phillipson, brings together a strong group of interdisciplinary researchers from the Faculties of: Social Sciences; Science, Medicine and Health; Business and Engineering; and Information Sciences. The project has active partnerships with the Illawarra Shoalhaven Local Health District, Kiama Municipal Council/Blue Haven Care, Playgroup NSW and the IRT Foundation. Finally, the project also draws on the expertise of people with dementia and their care partners.

**To find out more about the project please visit
www.uow.info/connections.**

Improving choices through the Palliative Care Collective

WICKING TRUST

TOTAL FUNDING: \$275,165
JANUARY 2019 – DECEMBER 2020

BACKGROUND

This is a mixed methods evaluation and pilot of PCOC in residential aged care. Australian residential aged care services commonly lack palliative care expertise to provide complex care at end-of-life and PCOC delivers a successful program in the specialist sector to support the systematic measurement and improvement of patient outcomes. This project was launched in 2019. The project is developing the PCOC model for use in residential aged care services, resources and an approach to enable its successful implementation in this setting, and generating evidence toward the feasibility of PCOC in residential aged care. This initial project is also advancing the development of a road map to support the national application of PCOC in the aged care sector.

The project has involved a close research and development collaboration between PCOC, CHRISP and AHSRI teams. It is funded by the Wicking Trust, which provides funds to organisations that are well placed to affect systemic change to the quality of life of older people.

WHAT WE DID

In 2019, the PCOC model was adapted and tailored for a residential aged care setting, an evaluation protocol and ethics application was developed with sites recruited to the project, and a data dictionary and the necessary IT infrastructure was progressed. A governance structure was also established, including an expert panel involving healthcare providers and researchers across the specialist palliative, primary care and residential aged care settings who contributed guidance toward clinical concepts and implementation. The new approach and research protocol has been shared with the palliative care sector, including at PCOC's inaugural conference in November 2019, with this new stream of work receiving much interest.

Advice and support relating to the AN-ACC trial

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH

TOTAL FUNDING: \$206,715
APRIL 2019 – MARCH 2020

BACKGROUND

On 10 February 2019 the Australian Government announced a trial of an alternative residential aged care funding assessment tool, the AN-ACC assessment tool. This assessment tool was developed by AHSRI as part of the Resource Utilisation and Classification Study (detailed elsewhere in this report), as a possible replacement for the Aged Care Funding Instrument.

The purpose of the trial is to develop and test a model of external assessment for residential aged care funding. The trial will: (1) field test the assessment tool, IT systems and hardware, support arrangements, and assessment workforce management; and (2) collect data to validate the findings about the expected distribution of care recipient classifications.

AHSRI was engaged to provide trial design advice and complete a number of other activities to support the trial.

WHAT WE DID

This project consisted of a number of interrelated activities.

Namely:

- Advice was provided relating to the design of the trial of the AN-ACC.
- Specifications to inform AN-ACC assessment workforce procurement were developed.
- An AN-ACC assessment operations manual was developed.
- Team members presented and participated in a one-day facilitated discussion session with the assessment workforce providers (Access Care Network Australia, Aspire4Life, Care Tasmania, and Healthcare Australia).
- AN-ACC training materials were developed, including a training manual and PowerPoint slides.
- Assessor training workshops were delivered in collaboration with the Department, and with engagement by clinical peer educators.
- An AN-ACC assessor competency test was developed, piloted and then delivered to each attendee of the assessor training workshops.

The trial started in November 2019. Over 150 aged care homes around the country, covering every state and territory, are participating, and it is anticipated over 10,000 assessments will be completed by April 2020.

Aboriginal Community Controlled Health Organisations research and evaluation project (Phase 2)

COORDINARE PRIMARY HEALTH NETWORK, SOUTH EASTERN NSW

TOTAL FUNDING: \$168,311
OCTOBER 2018 – OCTOBER 2019

BACKGROUND

This project involved Ngarruwan Ngadju researchers working collaboratively with Aboriginal Community Controlled Health Organisations (ACCHOs) in south-eastern NSW on the development and implementation of a community-

based participatory evaluation and research program, aimed at enhancing the research and evaluation capacity of the participating organisations. This project built on and extended our previous capacity building project by focusing on effective collection, analysis and utilisation of health service data within the regional ACCHOs.

WHAT WE DID

The project had four main components. Firstly, we identified the ways in which health service data is currently collected and utilised by the services, and the systems used to

capture and report on data. Secondly, we worked with staff responsible for data capture and analysis and assisted with capacity building training. Thirdly, we provided assistance to services to improve data collection and reporting on particular projects. Finally, we conducted a series of face-to-face training workshops. Workshops delivered in 2019 were: Introduction to

Indigenous research methodology; Demystifying quantitative data using visualisation; Yarning as a research method; Tools for evaluation: Using logic models and frameworks to evaluate holistic programs; Recording, analysing and writing using narrative and ethnographic approaches; and Writing grants and submissions - collaborative writing for publication.

Living Connected: Digital inclusion overcoming isolation of elders

NBNCO, VITA FOUNDATION, AUSTRALIAN GOVERNMENT'S BE CONNECTED INITIATIVE

**TOTAL FUNDING: \$160,000
AUGUST 2016 – PRESENT**

BACKGROUND

Living Connected has created a service to improve the digital literacy of older citizens who live in the Illawarra Shoalhaven. This service applies the results of four years of research into why and how older people use digital devices and on the benefits to social wellbeing from this use.

As developed countries struggle to find suitable living arrangements for their ageing populations, many elderly citizens are becoming increasingly marginalised and isolated. Isolation is known to lead to severe problems such as depression. There is a large body of evidence that remaining active and engaged with others contributes to the health and wellbeing of the elderly. With age, the physical capability to get out and about diminishes. Meanwhile, digital technology continues to improve, providing new ways to connect with others and engage in exciting new activities.

The most recent Telstra report on digital inclusion in Australia reveals that older citizens are missing out on the benefits of the Internet; something that the rest of us take for granted. Government agencies, businesses and community services expect everyone to interact with them online and are making it difficult to access services in person. This is a real challenge for the digitally excluded.

WHAT WE DID

The mission of Living Connected is to be a not-for profit community enterprise providing services for the social wellbeing of elders assisting them to set up and use a computer whereby they remain independent, connected and engaged. Research into the outcomes of social services has identified eight domains of wellbeing, three of which are on a higher level than the others: maintaining independence, staying connected and being able to engage in meaningful activities. Our research has demonstrated ways by which computers can be used to improve wellbeing in these domains: maintaining independence by doing banking and other transactions online; connecting with family and friends through email, Skype and Facebook; and spending spare time doing an online course or a family history and much more.

In 2019 we received an additional \$75,000 in grants on the condition that we provided all our services free across our network of drop-in sessions and home visits to cover the area from Bulli to Bega. New sessions were set up in IRT Links Seaside, Farnborough Grove, Opal Denhams Beach, Banksia in Broulee and Coastal Waters, Jervis Bay.

Our research has revealed the importance of:

- focusing on one or two things that each person wants to do
- getting the best technology for each person and what they want
- providing a few one-on-one lessons on their own device, just enough to do the one thing they want to do most
- having someone they can call on for help when they get stuck.

Evaluation of the Lifeline Text Pilot Trial

LIFELINE AUSTRALIA

**TOTAL FUNDING: \$147,111
MARCH 2018 – MAY 2019**

BACKGROUND

In 2017, Lifeline was awarded \$2.5 million to develop Australia's first SMS-based crisis support service known as Lifeline Text. The objectives of Lifeline Text are to reduce feelings of psychological distress, suicidality and self-harm and promote safety in other areas such as domestic and family violence and/or substance abuse. It is also hoped that the service will increase individual capacity to cope and improve levels of confidence to address issues such as isolation and loneliness.

In March 2018, the CHSD was commissioned by Lifeline Australia to conduct an evaluation of the Lifeline Text pilot trial.

WHAT WE DID

An evaluation methodology was developed to address an agreed set of evaluation questions. Primary data sources for answering these questions consisted of interviews with Lifeline staff and data collected from help seekers via a follow-up online survey. Secondary data sources included operations data from Lifeline call centres (e.g. call volumes), extraction of

relevant data from summary sheets into an evaluation data set, a review of Lifeline Text program documents (e.g. training manuals), and data collected from help seekers via automated text questions both before and after the text conversation. An economic evaluation was also undertaken to consider the costs and benefits for those for whom a suicidal crisis was prevented and others who sought help for a different type of crisis. In November 2018 an interim report was delivered to Lifeline that highlighted strong levels of support from both Lifeline Australia and the group of highly skilled and well-trained staff delivering the service, and promising outcomes for help seekers.

Evaluation activities continued in early 2019 with a second round of interviews with crisis supporters and in-shift supervisors and analysis of outcomes for the first 240 days of the Lifeline Text service. An economic evaluation was conducted, based on Lifeline Australia data for business-as-usual service delivery for a 24-hour service with a combination of paid and volunteer staff.

There was substantial demand for Lifeline Text, particularly among younger help seekers. The service was successful in reaching some population groups usually under-served by Lifeline's telephone crisis line. Short-term outcomes were very positive, with help seekers reporting significantly less distress and improved coping and connectedness following

text conversations. Volatility in demand, and the high level of suicidality expressed by help seekers, proved challenging for staff, but they were well supported and adapted quickly to the novel platform. The economic evaluation demonstrated that a modest, positive return on investment could be expected from a 24-hour service in terms of reduced suicidal behaviour and

psychological distress.

An article based on this study has been accepted for publication in the journal Crisis, and a second manuscript has been submitted for review.

Evaluation of the NSW Emergency Drought Relief Mental Health Supports Package

NSW MINISTRY OF HEALTH

TOTAL FUNDING: \$135,000
JULY 2019 – JULY 2020

BACKGROUND

The Emergency Drought Relief Mental Health Supports Package is an initiative of the Mental Health Branch, NSW Ministry of Health. It aims to better support the mental wellbeing of people living and/or working in drought-affected communities. The initiative comprises a package of mental health counselling services and supports developed to provide additional interventions that cannot be met through existing NSW health services, to improve the health and wellbeing of farmers, their families and drought-affected communities.

It aims to deliver flexibly tailored services to where they are most needed using methods most appropriate to the local

communities. It includes 'on farm' counselling services, linking people struggling with their mental health into support services, and education and training for front line staff.

WHAT WE DID

The evaluation is being conducted over a 12 month period and will conclude in July 2020.

Data on the type and volume of services delivered under each component of the initiative are being provided to the evaluation. A series of semi-structured interviews have also been conducted to date during site visits to Orange, Dubbo and Tamworth. Data collection and analysis will continue in 2020 to identify barriers and enabling factors that have influenced the initiative. The final evaluation report will deliver a set of findings to support policy decisions regarding the initiative and future emergency response initiatives.



Health economics analysis for the Vocational Intervention Program

ICARE

TOTAL FUNDING: \$98,218
MAY 2019 – MARCH 2021

BACKGROUND

iCare engaged CHSD to undertake a health economics analysis examining key elements of the Vocational Intervention Program (VIP), a program being coordinated and implemented by the Agency for Clinical Innovation (ACI) out of the Ingham Institute of Applied Medical Research.

VIP will aim to achieve placements in competitive employment through two specific interventions:

- Fast-track: early intervention model, targeting clients who were working at the time of their injury, identified to have good return to work (RTW) potential and whose employers have agreed to trialling a return to their pre-injury place of employment.
- New-Track: targeting clients with no option to resume their pre-injury employment and require a work training placement to gain new skills and improve work readiness.

WHAT WE DID

Work commenced on this evaluation in 2019 with potential approaches to the economic evaluation being developed. In order to obtain feedback about progress to date, a series of four focus groups with VIP service providers and clinicians from Brain Injury Rehabilitation Program (BIRP) units were conducted in late 2019.

The key finding from these focus groups was a strong sense

that implementation of the VIP has occurred seamlessly following its initial establishment phase. Both BIRP clinicians and service providers identified several factors that have contributed to its success to date that were outlined in a report to iCare.

Work on the economic analysis will continue in 2020 with the aim of contributing to decision making processes regarding future investment in the program.

Symptom Assessment Scale (SAS) patient / proxy rating study

UNIVERSITY OF WESTERN AUSTRALIA

TOTAL FUNDING: \$71,314

AUGUST 2017 – DECEMBER 2019

BACKGROUND

The Symptom Assessment Scale (SAS) is a validated tool used by palliative care services in Australia which aims to enable patients to self-report on the distress they experience, measuring seven common physical symptoms – sleep, appetite, nausea, bowel function, breathing, fatigue and pain. Assessment of symptoms by direct patient self-reporting is regarded as the 'gold standard' to ensure effective assessment and control of symptoms. Patient symptom assessment by proxy may be indicated however, when patients are unable to directly report on symptoms due to a decline in cognitive or physical functioning.

This project investigated patient / proxy rating of the SAS using a retrospective case audit. This audit review built on the evidence base by ascertaining:

- The percentage of patient/proxy rating across the country and by state;
- Differences in the percentage of patient/proxy rating between service settings;

- Relationships between Australia-modified Karnofsky Performance Scale (AKPS), language and patient/proxy rating;

- Inter-rater and intra-rater reliability of the tool.

The findings from this study will assist in the understanding of the incidence of proxy rating, inform training and the relationship of proxy rating to language, diagnosis and functional performance (AKPS).

WHAT WE DID

Analysis of demographic, clinical assessment (SAS, AKPS, and RUG-ADL) and rater (patient or proxy) data for the whole of each episode submitted by purposively sampled services from different palliative care settings was undertaken.

Following completion of the retrospective case review, testing of a revised SAS tool was undertaken. The overall aim of the revised SAS tool, which combines independently validated numerical, visual, verbal and colour scales, is to improve patient self-reporting of symptom distress. Feedback received from clinicians was overwhelmingly positive.

Evaluation of a pilot of Ericom's Pers@Home System using Essence Technology

ERICOM

TOTAL FUNDING: \$50,000

FEBRUARY 2019 – MARCH 2020

BACKGROUND

Ericom, distributor of the Essence Care@home technology, received a grant from the Dementia and Aged Care Services (DACS) Fund to trial and evaluate the Care@home technology with 50 participants over 12 months. This product aims to improve the wellbeing of older Australians by monitoring normal movements and functioning for older Australians living in their own homes.

AHSRI has been commissioned by Ericom to conduct the evaluation of this trial. The evaluation will assess the effectiveness of this technology and the efficacy of Ericom's Pers@home processes using various versions of the Essence technology.

The technology consists of a set of motion detectors which detect when there is movement in each room of the house and whether doors are opened or closed (usually the front door of the house and the door of the refrigerator). The sensors send wireless signals to the Essence digital/electronic box located in the house. This box compares the signals from the sensor to the normal routine of the household. The box contains a sim card like a mobile phone and will send an alert

signal to the nominated carer which could be the aged care provider, a family member and/or the system control centre who would respond appropriately.

The results of the evaluation will provide important information on which to base decisions about the future development of this system.

WHAT WE DID

The Ericom and AHSRI teams have met regularly to plan the research and obtain ethical approval. Ericom have worked with local aged care providers to engage 50 participants and install a suitable version of the Essence technology in their homes.

The AHSRI research team have collected relevant demographic data from Ericom and quantitative data covering the number of alerts triggered by participant, alerts correctly triggered by the Essence system, alerts falsely triggered by system and instances when an alert was not triggered when it should have.

Through interviews with participants and their family or carer, qualitative data are being collected on the perceived safety and ability to maintain independence afforded by the system so that the participant can stay living at home longer.

Evaluation of the Coomaditchie Ngaramura project – ‘See the Way’

GLOBAL CHALLENGES PROGRAM

TOTAL FUNDING: \$49,000
APRIL 2018 – MARCH 2020

BACKGROUND

In 2018 the Coomaditchie United Aboriginal Corporation invited researchers from the Ngarruwan Ngadju research team to evaluate the Ngaramura (Supportive Pathways for Indigenous children in Schooling and Employment) program. This project pilot addresses the educational needs of disengaged youth in the Illawarra region. In collaboration with the Coomaditchie United Aboriginal Corporation and the project's steering committee, the research team is conducting an evaluation which focuses on the delivery of the program at the Coomaditchie Hall in Kemblawarra, over a 12 month period.

WHAT WE DID

The evaluation is being conducted in a staged approach. In Stage 1 we developed a program logic model which clearly described the inputs, activities, participants and the short, medium and long term expected outcomes of the project,

through a series of interviews with key stakeholders. The evaluation framework also developed in Stage 1 set out the key questions for the evaluation and identified data sources for the evaluation. Stages 2 and 3 involved conducting a program evaluation over a 12 month period utilising the following sources of program and qualitative data:

- De-identified routinely collected program data
- Individual interviews with parents / carers of past and present students
- Group and individual interviews with Ngaramura staff
- Group and individual yarns with current and past program participants (secondary school students)
- Onsite observation of the Ngaramura program
- Interviews with school staff from the five participating schools.

Due to additional funding the Ngaramura pilot program was extended; we therefore extended the data collection period and expect to report on the evaluation towards the end of 2020.

Analysis of residential aged care staffing levels across different countries

ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

TOTAL FUNDING: \$38,277
JULY – AUGUST 2019

BACKGROUND

The Royal Commission into Aged Care Quality and Safety was established in October 2018 to inquire into issues such as:

- the quality of aged care services provided to Australians including the extent of substandard care being provided, the causes of any systemic failures and any action that should be taken in response;
- delivery of aged care services to younger people living in residential aged care facilities and people with dementia;
- future challenges and opportunities around delivering accessible, affordable and high-quality aged care services in the context of changing demographics, and within a rural regional context; and
- the delivery of aged care services in a sustainable way,

including through innovative models of care, increased use of technology, and investment in the aged care workforce and capital infrastructure.

To assist the Royal Commission in its work, CHSD was engaged to undertake an analysis of residential aged care staffing practices in other countries to understand how staffing can be improved in Australia.

WHAT WE DID

This investigation included a literature review on international models of staffing in residential aged care facilities and use of data from the Resource Utilisation and Classification Study (RUCS) to compare Australian practices to international standards. This analysis contributed to a better understanding of the costs involved in delivering quality care through effective staffing levels in residential aged care facilities.

The final report was publicly released in October and found more than half of all Australian aged care residents are in homes with staffing levels that would be rated one or two stars in the United States' five star rating system.

Clinical documentation improvement program

SOUTH EAST SYDNEY LOCAL HEALTH DISTRICT (SESLHD)

TOTAL FUNDING: \$37,664
JULY 2018 – JANUARY 2019

BACKGROUND

In response to evidence that the complexity of patients being treated within the SESLHD was not being appropriately represented in the morbidity data, the NCCC was commissioned to provide expertise and support in the development and implementation of a pilot clinical documentation improvement (CDI) program at Sutherland Hospital.

CDI is a well-established field in the United States, and has been gaining momentum in Australia over recent years following the implementation of activity based funding by the Australian Government. Accurate and complete clinical documentation is associated with appropriate funding for episode complexity as it is the source of information for the allocation of patient episodes to Diagnosis Related Groups (DRGs) and the calculation of National Weighted Activity Units (NWAUs). It is also associated with improved patient safety and quality outcomes, and better information to support decision making.

WHAT WE DID

The project commenced in July 2018 with the establishment of the project team and the delivery of an education program

to the Clinical Documentation Specialist (CDS); a position that had been newly established at Sutherland Hospital for the CDI initiative. Throughout the project the NCCC worked in close partnership with the CDS and key stakeholders, providing technical expertise, advice and support. The project activities undertaken were involved with the design and implementation of the CDI program, development of engagement strategies, selection of target specialties for the pilot, and identification of data requirements for program evaluation. Data to be utilised included routinely collected data sets, as well as project specific data collections such as

staff surveys and documentation audits.

Mentorship was provided to the CDS throughout the project, including weekly telephone support, monthly on site visits, attendance at CDI project team meetings and other ad hoc meetings, to provide support and advice as the program became established within the hospital. Advice regarding evaluation and review measures that would be sufficiently targeted, reliable and robust was provided by NCCC prior to the completion of the project in January 2019.

First Response: Integrating trauma-informed care within primary healthcare for Aboriginal and Torres Strait Islander women experiencing violence

IN PARTNERSHIP WITH THE LOWITJA INSTITUTE AND THE GEORGE INSTITUTE FOR GLOBAL HEALTH

**TOTAL FUNDING: \$28,256
APRIL 2018 – JANUARY 2019**

BACKGROUND

First Response aimed to investigate how the primary healthcare workforce can be supported to integrate culturally safe trauma-informed care for Aboriginal and Torres Strait Islander women who have experienced violence. This project responded to recommendations for trauma-informed care within healthcare settings for women who have experienced violence, but also to women who have expressed a desire to seek support in healthcare settings rather than from the police or frontline services.

Furthermore, this project was developed in response to engagement with end-users from Aboriginal Community Controlled Health Organisations (ACCHOs) and peak bodies who have described a lack of coordination between the health and justice workforce, and the need for enhanced workforce support. First Response will benefit the health of Aboriginal and Torres Strait Islander peoples by providing evidence and critical insight into how the primary healthcare workforce can be supported to provide trauma-informed care that is culturally safe.

WHAT WE DID

First Response was developed to ensure its relevance to end-users in primary healthcare, by bringing together a multidisciplinary partnership of stakeholders to direct the program of research in a meaningful and ongoing capacity. An action-oriented steering committee brought together stakeholders from primary healthcare, specialised services and peak bodies to provide direction and oversight of the research processes, knowledge translation and communication.

This steering committee forms the basis of an ongoing and robust collaboration that will pursue a planned program of research beyond this current project. Underpinning First Response is a strong commitment to the development of an Aboriginal and Torres Strait Islander research workforce. The project has three Aboriginal and/or Torres Strait Islander early career researchers as chief investigators.

Using decolonising methods, First Response synthesised a systematic review, interviews and yarning circles with representatives from peak bodies, specialist family violence services, and ACCHOs in NSW. First Response established a research partnership and baseline evidence that will inform service delivery and outline existing systems, processes and strengths that can support the primary healthcare workforce to integrate culturally safe trauma-informed care and ensure that the first response is the right response.

Healthy Hearts: development and evaluation of an outreach, family centred model of cardiac rehabilitation for Aboriginal people

NSW MINISTRY OF HEALTH TRANSLATIONAL RESEARCH GRANT SCHEME

**TOTAL FUNDING: \$71,500
MAY 2019 – NOVEMBER 2020**

BACKGROUND

Aboriginal Australians are twice as likely to have a heart attack as other Australians and more than 10 times as likely to die from coronary heart disease. Cardiovascular disease also strikes Indigenous Australians much earlier, with more than 20% of 35 to 44-year-olds already afflicted, figures show. There is a particularly high incidence around the Shoalhaven region of NSW.

This feasibility study is developing and evaluating a family-centred outreach model for cardiac rehabilitation in the Aboriginal community.

WHAT WE DID

Working in partnership with the Illawarra Shoalhaven Local Health District, Ngarruwan Ngadju are providing academic leadership and project support, including undertaking qualitative data collection, analysis and report writing. Assistance is also being provided in the preparation of intervention materials and the administration of questionnaires.

Currently the two-year feasibility study is based in the Illawarra and Shoalhaven region, but results are expected in mid-2021 and the program may be rolled out state-wide if it proves to be a success in reducing hospital readmissions and saving lives.

Embedding training and capacity building for Indigenous higher degree research students into the UOW research environment

UNIVERSITY OF WOLLONGONG EDUCATION STRATEGIES DEVELOPMENT FUND

TOTAL FUNDING: \$18,694
JANUARY 2016 – MARCH 2019

BACKGROUND

Nationally, Indigenous students are under-represented in Higher Degree Research (HDR) programs. According to the Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People, the number of Indigenous students enrolled in HDR, as a proportion of all domestic HDR enrolments was 1.1% in 2010 which is well below the parity of 2.2%. It is widely acknowledged that there is a need to focus on research capacity building for Indigenous postgraduate students across Australia, with the aim of improving enrolment, retention and graduation rates. Similar to undergraduate education, the critical issue is retention for under-represented groups in higher education. The Bradley Review emphasises the need to create an environment conducive to building Indigenous research capacity in higher education. At UOW there are opportunities to improve pathways to HDR programs via undergraduate studies as well as to recruit students through successes in externally funded research.

Working in partnership with UOW Indigenous HDR candidates, HDR Faculty coordinators and staff of the Research and

Innovation Division Office, this project aims to (1) identify best practice for recruiting, retaining and successful outcomes for Indigenous PhD students and (2) produce an Indigenous HDR strategy to be implemented into the UOW research environment.

WHAT WE DID

The project involved the following activities: a desktop review of Indigenous HDR activity across Australian Universities; consultation with key UOW personnel, including Faculty HDR coordinators and supervisors of Indigenous HDR students; individual and group discussions with Indigenous HDR students at UOW; provision of support and information to Indigenous HDR students at UOW through workshops, presentations, and the establishment of a communications platform for information sharing (the Confluence platform); and development and implementation a series of retreats for Indigenous HDR students.

The project was highlighted as a case study in UOW's Reconciliation Action Plan launched in October 2018. The final report was submitted in 2019 and its recommendations have informed the development of strategies by the UOW Aboriginal and Torres Strait Islander Research Strategy Working Group.

School Kids Aboriginal Mentoring Program (SKAMP)

UOW COMMUNITY ENGAGEMENT GRANTS SCHEME

TOTAL FUNDING: \$10,000
JANUARY 2019 – DECEMBER 2019

BACKGROUND

In this project we worked in collaboration with the Illawarra Koori Men's Support Group (IKMSG) to deliver and evaluate a culturally safe program for Aboriginal students in Years 5-8 as they transition from primary to secondary school. The School Kids Aboriginal Mentoring Program (SKAMP) involved Local Aboriginal Elders leading education and mentoring sessions to young people. They focused on Aboriginal culture and the importance of respect. The project also enhanced the capacity of the organisation as the Board and UOW staff worked

together towards a replicable self-sustaining model of service. The partnership between the IKMSG and UOW helped to enhance the research and evaluation capacity of the Aboriginal organisation. It also helped build an evidence base about what works within the Aboriginal Community Control sector.

WHAT WE DID

This project contributed to the building of capacity of IKMSG board and staff. It established new service delivery to a new target audience. A close relationship was built with a local Aboriginal Community Controlled Organisation, and a program was established that positions Elders as mentors in their communities. A final report was submitted to the Communities and Partnerships in December 2019.

Evaluation of the Strong Foundations program

SOUTH COAST MEDICAL SERVICE ABORIGINAL CORPORATION (SCMSAC)

TOTAL FUNDING: \$9,052
JULY 2018 – JANUARY 2019

BACKGROUND

In 2017, suicide was found to be a leading cause of death for children and young people aged 0-18 years in NSW. In response, the NSW Government parliamentary enquiry sought information from leading experts in relation to suicide. From this enquiry, Aboriginal children were identified as a vulnerable group. The purpose of this study was to provide the SCMSAC with a descriptive analysis of the delivery of the Strong Foundations program over a six-month period (January – June 2018). The Strong Foundations program is a weekly school-based program that has been informed by the Koori Kids Wellbeing Program, along with Mind Matters, Aussie

Optimism and Triple P - Positive Parenting Program. The program aims to provide a person centred and culturally safe service for Aboriginal and Torres Strait Islander people and their families requiring mental health support.

WHAT WE DID

The evaluation of the Strong Foundations program utilised qualitative and quantitative data which had been previously collected by the Aboriginal health staff of SCMSAC. Informal discussions were also conducted with SCMSAC staff. We also analysed data from two locally designed data collection tools developed by SCMSAC program staff: My Feelings and Understanding Culture. These tools were culturally contextualised to meet the needs of young people in the Shoalhaven region. Our Strong Foundations evaluation report provides an exploratory basis to assist in contextualising the impact of the program.

Competitive research grants

– collaborations with other research centres

This section outlines details of research grants that AHSRI team members have contributed to. Funding reported for the projects below is the total funding for each project and does not necessarily reflect the amount distributed to AHSRI.

Preventing falls in older Aboriginal and Torres Strait Islander people: The Ironbark Trial

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

TOTAL FUNDING: \$3,026,698
MARCH 2018 – FEBRUARY 2022

BACKGROUND

Australia's Aboriginal and Torres Strait Islander population is ageing: in 1991, Aboriginal people aged 55 years and over accounted for only 6% of Australia's total Aboriginal population and this proportion is predicted to double to 12% by 2021, with resulting increases in ageing conditions such as falls. This large scale trial in NSW, SA and WA will test the effectiveness of a community based program in reducing falls and improving function in older Aboriginal people.

The project was named after the Ironbark tree because it is native to Australia, evokes images of old, strong, trees standing tall and that is what we want to see our old people doing. Standing tall and strong as they age. The Ironbark Study is comparing two different programs aimed at improving health and wellbeing of older Aboriginal people. Both involve an ongoing program delivered weekly by a local person, in a community setting. The Ironbark: Standing Strong program is a weekly exercise and discussion program, and the Ironbark: Healthy Community program is a weekly program that involves discussions and social activities.

The study plans to recruit 60 Aboriginal community or health

services in NSW, Western Australia and South Australia into the Ironbark Trial. Services participating in the study are randomly assigned to either receiving the Ironbark: Standing Strong program or the Ironbark: Healthy Community program. Both programs aim to improve the health and wellbeing of older Aboriginal people. At the end of the trial, sites that delivered the Ironbark: Healthy Community program will have the opportunity to deliver the Ironbark: Standing Strong program for a further 6 months, including all resources and equipment needed.

The study is being conducted by researchers from The George Institute for Global Health, the University of NSW, the University of Sydney, Flinders University, the University of Wollongong and Curtin University.

WHAT WE DID

Ngarruwan Ngadju researchers participate in the Ironbark study on the chief investigator team, the Aboriginal governance committee and in the engagement and recruitment of sites in south-eastern NSW. From late 2019 members of the team commenced discussions with Aboriginal organisations in the region to inform them of the study, its benefits for community, and to ascertain their interest and capacity to be involved as study sites for the trial. This work is ongoing and a number of sites are expected to commence the program in mid-2020.

Evidence for action to improve the health of urban Aboriginal children and adolescents: the SEARCH study

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

TOTAL FUNDING: \$2,951,997
2017 – 2021

BACKGROUND

The Study of Environment on Aboriginal Resilience and Child Health (SEARCH) is Australia's largest prospective longitudinal study of urban Aboriginal children and will provide, for the first time, comprehensive information on the causes of health and illness in a large group of urban Aboriginal children. SEARCH is a partnership with Aboriginal Community Controlled Health Organisations.

WHAT WE DID

The project builds on the SEARCH cohort study of > 1,600 children and their families based on a long-standing Aboriginal Community Controlled health sector and research partnership. The project aims to improve urban Aboriginal child and adolescent health by using data from participants to identify opportunities for intervention and developing data-driven multicomponent interventions to improve health services.

Australia Centre for Cannabinoid Clinical and Research Excellence

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

TOTAL FUNDING: \$2,498,471
2017 – 2021

BACKGROUND

Many Australians can currently, or will soon be able to access cannabinoids for medicinal purposes under the supervision of a doctor. However, currently there are difficulties in sourcing reliable, consistent and 'clinically suitable' products that are safe and effective for specific conditions. Doctors are also concerned about staying up-to-date with rapid changes to legislation, and the lack of access to sufficient information, including a reliable evidence base, to guide their prescribing.

ACRE incorporates over 20 Chief and Associate Investigators from multidisciplinary fields (e.g. pharmacology; clinical psychology; plant science; public health; health economics)

from over 10 Australian universities and other research institutions to build capacity in medicinal cannabis research and provide a national response to current challenges.

WHAT WE DID

ACRE will develop a well governed collaborative strategy to generate world class research in medicinal cannabis and will be pivotal in establishing Australia as a world leader in appropriately balanced implementation of medicinal cannabinoid uptake into specialist and primary health care settings.

Professor Kathy Eagar continues to lead one of ACRE's research themes focused on the development and dissemination of policy, guidelines and information into the health and lay community via websites and GP focus groups.

More information can be found on the Centre's website
<https://www.australiancannabinoidresearch.com.au>

Evaluating two healthy eating and active living support programs for parents of 2-6 year old children

NSW HEALTH TRANSLATIONAL RESEARCH GRANT SCHEME

TOTAL FUNDING: \$961,639
2018 – 2020

BACKGROUND

In NSW, one in five children are overweight or obese. Poor diet, inadequate physical activity, excessive screen time and inadequate sleep are the key behavioural risk factors for unhealthy weight gain in childhood.

As key role models and decision makers regarding their child's food intake, physical activity, screen time and sleep patterns,

parents have a critical role to play in childhood obesity prevention. Despite the important role parents have, there are recognised barriers to parental participation in child obesity prevention or weight management programs. Also, existing services that provide information for parents with young children are often not evidence based, and lack a population-wide infrastructure, thereby making it difficult for some parents to access and benefit from them.

Online and telephone-based obesity prevention programs offer advantages in convenience and accessibility compared with conventional face-to-face programs currently available in NSW and have the potential to be delivered population wide at relatively low cost.



WHAT WE DID

This study aims to evaluate the effectiveness and cost-effectiveness of two health promotion programs ('Healthy Habits' - telephone based program and 'Time2bHealthy' - online program) designed to support parents of 2-6 year old children to promote healthy eating, physical activity and adequate sleep in children. It also aims to determine the most optimal approaches to maximising recruitment to and retention of parents in such programs.

The study is employing a three-arm parallel-group randomised preference trial design. Participants may choose

to participate in a telephone-based program (Healthy Habits), an online program (Time2bHealthy) or receive written educational materials which will serve as the comparison group. Participants who do not have a particular preference will be randomly allocated to one of the three arms.

It is expected that this research will identify one or more programs for parents of children aged 2-6 years that are effective in improving their child's behaviours (nutrition, physical activity, sedentary time and sleep). The programs will be implemented in NSW and contribute to the Premier's Priority target of reducing childhood overweight and obesity.

Understanding burn injuries in Aboriginal and Torres Strait Islander children: Treatment, access to services and outcomes (Coolamon Study)

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

**TOTAL FUNDING: \$872,800
2014 - 2019**

BACKGROUND

Burns in children can be a devastating injury, causing life-long scarring, severe psychological trauma and loss of function in multiple domains. Aboriginal and Torres Strait Islander children experience burns at least double the rate of other children.

Having consistent access to high quality care is fundamental to good outcomes in burns care. There are well documented barriers to access to both tertiary and primary healthcare for Aboriginal and Torres Strait Islander people in both urban and rural/remote settings. However, despite the significant burden of burn injury, to date there has been no work that examines care received, or its impact on outcomes in Aboriginal and

Torres Strait Islander children.

WHAT WE DID

This study followed a group of Aboriginal and Torres Strait Islander children in four states - New South Wales, Queensland, South Australia and the Northern Territory - who went to a tertiary burn unit following a burn injury. We examined care received (including cost), described the relationship between care and functional outcome, and identified barriers and facilitators to receipt of appropriate, ongoing care.

This research allowed us to work with clinicians, policy makers and community to develop a 'blueprint' for reform of services, to ensure Aboriginal children receive appropriate and cost-effective care, and inform service delivery and future programs.

Consumer Directed Care: Understanding and promoting participation and care outcomes for people living with dementia in receipt of a Home Care Package

NHMRC-ARC DEMENTIA DEVELOPMENT FELLOWSHIP, FACULTY OF SOCIAL SCIENCES PARTNERSHIP GRANT, IRT RESEARCH FOUNDATION GRANT

**TOTAL FUNDING: \$571,000
2016 - 2019**

BACKGROUND

This research project has explored to what extent, and by what strategies, Consumer Directed Care (CDC) is delivering positive outcomes, including choice and control for people living with dementia and their carers within the Home Care Packages (HCPs) program.

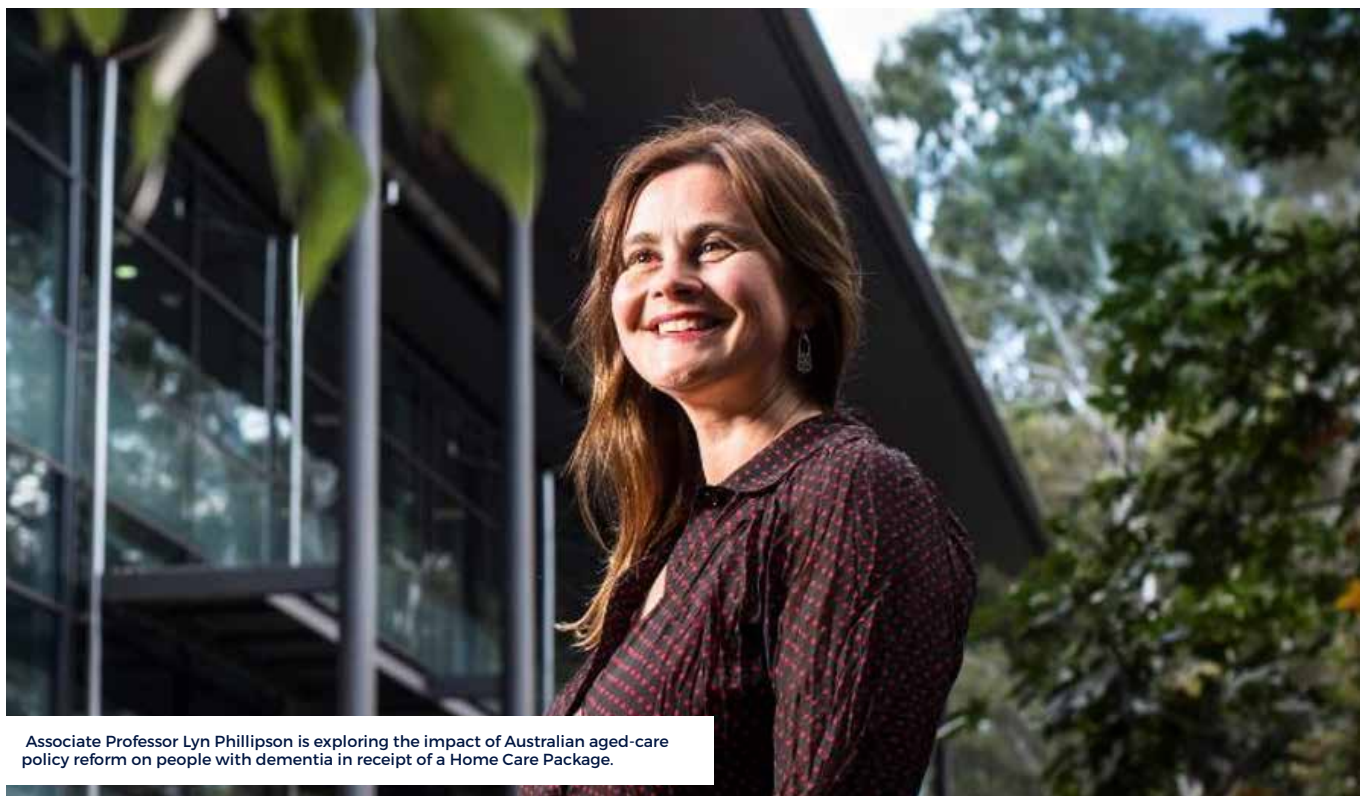
WHAT WE DID

Achievements have included:

1. The development of new accessible tools and a cohesive research approach to include the voice of people with dementia in reporting on their own care-related outcomes
2. The capacity to monitor outcomes over time for carers of people with dementia and assess the impact of aged care reforms respite.

Findings from studies conducted within this program of research include that:

- CDC within HCPs appears to be more successful in meeting the needs of people with dementia in lower order domains (e.g. food and drink, keeping accommodation clean and comfortable) than in higher order domains (e.g. social participation and meaningful activities).
- Service, financial, social, environmental and neighbourhood factors all impact on the ability of CDC HCPs to promote care-related quality of life in people living with dementia.
- Frequently, the needs of people with dementia were not being met. This was due to inadequate hours for support within their packages. Waiting lists for higher-level packages were experienced, as well as overall budgets not providing sufficient direct support hours especially for higher order needs.
- Social factors such as having co-resident care are central to and affect outcomes in all care-related domains.
- Carers have found it more difficult to find respite as a result of the aged care reforms and some CDC care arrangements and have poorer outcomes as a result.



Associate Professor Lyn Phillipson is exploring the impact of Australian aged-care policy reform on people with dementia in receipt of a Home Care Package.

Research activities supported numerous collaborations including international collaborations with the University of Kent and Talking Mats Pty Ltd. The program of research also involved direct consultation and education and training with people with dementia, aged care providers, aged care workers, carers of people with dementia, advocacy groups, and local councils.

Results from this research have been used to inform five government submissions, two dementia policy roundtables, and a submission and appearance before the Aged Care Royal Commission on Quality and Safety. Contributions to knowledge dissemination also included 10 conference presentations and 11 journal publications during the grant period.

Community led solutions to prevent Aboriginal child injury

AUSTRALIAN GOVERNMENT'S MEDICAL RESEARCH FUTURE FUND

TOTAL FUNDING: \$500,000
APRIL 2019 – JUNE 2021

BACKGROUND

The Child Injury Prevention Partnership (CHIPP) is a partnership between several organisations working together to develop a culturally safe child injury prevention program tailored to meet the needs of families with Aboriginal children in Walgett. Walgett is a town in remote north-west NSW with an estimated population of 2,145 people, of whom 43.5% identify as being Aboriginal and/or Torres Strait Islander (hereafter Aboriginal).

The project builds on an existing formal partnership between researchers at UNSW and the Dharriwaa Elders Group, Walgett (DEG), 'Yuwaya Ngarra-li' (YN), meaning 'vision' in the Yuwaalaraay language of the Walgett region. Yuwaya Ngarra-li aims to improve the wellbeing, social, built and physical environment and life pathways of Aboriginal people in Walgett through co-led research, evidence-based programs and capacity building.

CHIPP involves partners from Walgett Aboriginal Medical Service (WAMS), Kidsafe NSW and researchers from the University of New South Wales, The George Institute for Global Health and the University of Wollongong, The DEG and YN. The

team have received approval from the Aboriginal Health and Medical Research Council ethics committee to conduct the co-design and we are awaiting approval to implement and evaluate the resulting CHIPP program.

The CHIPP program is led and delivered through WAMS' existing supported playgroup, Goonimoo Mobile Children's Services, who work in partnership with other local children's services and the broader program of health services provided by WAMS. CHIPP provides funds to WAMS to employ an Aboriginal Child Injury Prevention Educator to implement the program and also to contribute significantly to program design and evaluation.

WHAT WE DID

The project is being conducted by the Australian Prevention Partnership Centre over three stages. The initial stage involved a review of literature on effective child injury prevention programs, regular co-design meetings with the community organisation and formal and informal yarning with staff, families and community members. In December 2019 a child injury expert group conducted a review of draft program. The revised program will be implemented and evaluated in Walgett over an 18 month period.

Not getting a fair go: why do people in rural areas with cancer have worse outcomes?

NUW ALLIANCE

**TOTAL FUNDING: \$228,000
2019**

BACKGROUND

Cancer places a huge burden on the health of people living in NSW, especially those living in rural areas. A recent NSW study showed that rural residents have worse survival for breast, colon, lung, ovarian, and rectal cancers compared to their urban counterparts.

Other Australian and international studies paint a similarly bleak picture regarding survival and cancer stage at diagnosis and treatment as a result of poorer access to health services, socioeconomic factors as well as 'rural stoicism'. However, a recent WA trial of an intervention designed to raise symptom awareness and GP education in rural communities did not show significant improvements.

Therefore a new approach is required to address this problem. The design of an effective new intervention requires an understanding of the exact time points in which delays occur

in the initial diagnosis and treatment of cancer. Yet there is a paucity of studies examining delays in diagnosis and treatment (and their determinants) in rural NSW.

WHAT WE DID

This project will combine and analyse data from multiple existing administrative sources including Medicare, PBS, hospitals, and general practices, to:

- compare diagnostic and treatment intervals between rural and urban people with cancer in NSW;
- examine the relationship between time intervals and mortality and stage at diagnosis; and
- explore factors that may contribute to rural and urban time to treatment start/delays.

This is a bold and ambitious study, the first of its kind in NSW. The findings will allow us to work closely with health service providers to design and test interventions to reduce the disparity in cancer outcomes for rural and urban people living in NSW.

Greater inclusion of people with a disability in Australian workplaces: A social marketing challenge

AUSTRALIAN RESEARCH COUNCIL LINKAGE PROJECTS SCHEME

**TOTAL FUNDING: \$455,000
2018 – 2021**

BACKGROUND

Workforce participation of people with a disability remains low. This project aims to develop a model of successful employment for people with a disability, identify sources of employer diversity that explain willingness to hire, and develop social marketing messages that improve employer attitudes and achieve greater inclusion in Australian workplaces.

WHAT WE DID

This project consists of two sub-studies:

1. *Developing a theoretical model of successful employment for people with a disability:* This study will conduct interviews with people with a disability and their employers to identify the factors that contribute to sustained employment of people with a disability, with a view to developing a theoretical model of success. It will then test the validity of this theoretical model through a quantitative survey of people with a disability.

2. *Using social marketing to improve employer attitudes toward hiring people with a disability:* This study will identify differences in employer attitudes toward hiring people with a disability. It will involve interviewing and conducting a quantitative survey with employers. Segmentation analysis will be performed on the quantitative data to identify groups of employers that have common attitudes toward hiring people with a disability. Advertising messages will be developed (with undergraduate UOW students) and tested through an online survey with employers to assess the advertisements' effectiveness in improving employer attitudes toward hiring people with a disability.

The outcome of this study will be more people with a disability and their carers gaining meaningful employment, with benefits including improved physical and mental health, social connections and economic security. It will benefit employers by creating more diverse workplaces and a broader talent pool, resulting in greater innovation and productivity.

A PhD candidate, Mr Paul Ikutegbe, commenced work on the first phase of this project at the start of 2019 and has made excellent progress to date. A second PhD candidate, Ms Rola Mahasneh, will commence her candidature as part of this project in 2020.

Microeconomic impacts of Australian natural disasters

AUSTRALIAN RESEARCH COUNCIL DISCOVERY PROJECT

TOTAL FUNDING: \$403,500
MARCH 2017 – MARCH 2020

BACKGROUND

Natural disasters have profound economic and social impacts on individuals and communities; but a comprehensive understanding of these impacts is missing from academic literatures and policy inquiries.

WHAT WE DID

This project aims to describe and identify the impacts of Australian natural disasters – such as the Black Saturday bushfires and Brisbane floods – on important microeconomic outcomes, including health, education and employment. Specific goals are to better understand the variation in outcomes, determinants of resilience, and how impacts evolve over time. The project will provide policy-relevant causal estimates by applying modern econometric techniques to field, survey and administrative data that tracks individuals across time.

Improving medication management in older people

UK NATIONAL INSTITUTE FOR HEALTH RESEARCH (NIHR) HEALTH SERVICES AND DELIVERY RESEARCH PROGRAMME

TOTAL FUNDING: \$388,047
MARCH 2017 – JANUARY 2019

BACKGROUND

Half of people aged 75 or more live with two or more long-term conditions. Safe and effective use of multiple medicines to manage these conditions can be a challenge for individuals and for health and social care services.

WHAT WE DID

The MEMORABLE study developed a framework to support a multiple discipline and agency approach to help improve medication management in older people. In turn, this project has contributed to reducing the 5,700 deaths and the 5%-8% of unplanned hospital admissions which are estimated to happen in each year in the UK as a result of medication related adverse events.



Consumer value and the National Disability Insurance Scheme

AUSTRALIAN RESEARCH COUNCIL LINKAGE GRANT SCHEME

TOTAL FUNDING: \$326,000
2016 – 2020

BACKGROUND

This project seeks to explore a key question of the National Disability Insurance Scheme (NDIS): will service provision improve when service users have the ability to choose? In 2016, roll-out of the NDIS commenced, with nearly half a million people with a disability being able to choose disability services.

WHAT WE DID

The project aims to identify changes in objective and perceived consumer value pre-NDIS and post-NDIS, and differences in how market segments use their autonomy and whether this leads to differences in benefits gained from the NDIS. Findings are intended to contribute to a better understanding of when free market mechanisms serve the needs of their citizens better than traditional means of government support.

Re-Focussing Qualitative Research: Improving the efficacy, rigour and relevance of focus group discussions in Aboriginal health service contexts

AUSTRALIAN RESEARCH COUNCIL

TOTAL FUNDING: \$317,009
APRIL 2015 – FEBRUARY 2019

BACKGROUND

This research involved an in-depth investigation into the use of Focus Group Discussions (FGDs) in Aboriginal health services research. The aim of this project was to generate knowledge to inform the accountable, culturally appropriate, ethically sound and methodologically rigorous use of FGDs in qualitative Aboriginal health service research.

FGDs are a common way of gathering qualitative data in Aboriginal health services research however there have been no studies on the question of whether they are culturally appropriate research tools, nor are there specific guidelines available to ensure that FGDs are delivered to collect data in ways that are consistent with Aboriginal approaches to consultation, ownership and ways of knowing.

WHAT WE DID

In Stage 1 of this project we successfully recruited and interviewed researchers who use focus groups as a method and policy makers who utilise qualitative research to inform their policy making practices. Eligible participants were identified from conducting extensive searches of ARC and NHMRC commissioned research, and government websites and organisational charts. Relevant agencies (including the Local Health District, Primary Health Network, NSW Health, Department of Health and Department of the Prime Minister and Cabinet) were contacted to participate. Senior staff and managers with designated roles in Aboriginal health were targeted. Semi-structured interviews were conducted either face-to-face or over the phone over a period of 24 months, from August 2016 to August 2018. A total of 34 interviews were completed with researchers from universities, research institutes or consultant companies/agencies, and 21 policy makers from across departments at local, NSW and Commonwealth levels.

All Stage 1 data were entered and classified in NVivo and qualitative data analysis using framework and thematic approaches were undertaken by multiple members of the research team. The preliminary results of Stage 1 were disseminated via an oral presentation at the Australian Institute of Aboriginal and Torres Strait Islander Studies Conference in Canberra in March 2017, and a poster presentation at the NHMRC-Lowitja Institute Symposium 2017, as well as at the Aboriginal and Torres Strait Islander Studies Conference in Brisbane in July 2019.

For Stage 2, Listening to Aboriginal Voices, ethical approval was obtained in June 2016 following discussions with CEOs of several Aboriginal Medical Services in NSW. Recruitment of organisations and participants to Stage 2 continued into early 2018. Two focus groups were conducted with 15 Aboriginal community participants, and a further 13 in-depth interviews were conducted with staff of Aboriginal Community Controlled Health Organisations (ACCHOs). Results from Stage 2 were disseminated at the NHMRC Symposium on Research Translation in November 2018 in Sydney and at the European Congress of Qualitative Inquiry in Edinburgh in February 2019.

The major activity for Stage 3 of the project was the hosting of a Knowledge Exchange Forum at the University of Technology Sydney in October 2018. The workshop brought together stakeholders, researchers, Aboriginal community members, and ACCHOs to engage in a knowledge exchange forum and facilitate the development of a model with culturally effective guidelines and resources for focus group discussion research in Aboriginal health services. The aim of the Knowledge Exchange Forum was to develop a comprehensive, evidence-informed framework for appraising, designing and undertaking focus group discussion research in Aboriginal health service delivery contexts and guidance on associated training; and explore the feasibility of applying such a framework.

Research activities are completed, with the project concluding in early 2019. A key outcome from the research is a model for how focus groups research in health services can be conducted, analysed, disseminated and utilised in a way that is consistent with Aboriginal ways of being, knowing and doing.

Driving Change: Options for driving retirement with over 75 age groups

GLOBAL CHALLENGES PROJECT FUNDING

TOTAL FUNDING: \$48,380
2018 – 2019

The overall aim of this research is to develop an understanding about driving retirement for people over the age of 75. We know who 'ceases' driving but evidence is missing about how to best support older people to plan their driving retirement.

In Australia, like many countries with an aging population, it is expected that the number of drivers aged 65 years and over will increase dramatically in coming years. Although age itself is not a reason to stop driving, physical and cognitive changes typically occur as we age placing a higher risk of injury or death if involved in a vehicle accident.

It is important driving is maintained as long as safe to do so, as driving provides independence, a sense of identity and quality of life. However as medical issues arise, there is often uncertainty as to the timing of driving retirement with future plans for life without a car only occurring when a 'red flag' appears.

Interviews with health professionals and adult drivers aged 65 years, suggests the need to initiate conversations about living without a car throughout the life course to emotionally prepare and plan for unexpected changes. A range of health professionals have the opportunity in a clinical setting to guide decisions in a timely manner. An individualised decisional support resource may assist to facilitate these discussions and enable regular reflection of driving during the life course.

SUNRISE: Movement Behaviours in Children

GLOBAL CHALLENGES SEED FUNDING

TOTAL FUNDING: \$12,000
2017 – 2021

BACKGROUND

The objectives of this study are to:

- Provide an opportunity to monitor the new World Health Organization Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age
- Examine how physical activity (PA), sedentary behaviour (SB), and sleep are associated with child health and development and to examine potential correlates of PA, SB, and sleep
- Provide an opportunity for capacity building, especially in low- and middle-income countries and build an international community of researchers interested in early childhood movement behaviours

WHAT WE DID

The primary aim of the pilot SUNRISE study (early 2018 to

present) was to determine the feasibility of recruiting 100 children from urban and rural settings (50 from each), and to test the feasibility and acceptability of the data collection measures proposed for the main study. The pilot study spanned three phases.

The primary aim of the main SUNRISE study (early 2020 onwards) is to determine the proportion of children sampled in participating countries who meet the WHO Global 24-hour Movement Guidelines for the Early Years. Secondary aims include the monitoring of prevalence of overweight and obesity in countries where no data currently exist, and the monitoring of developmental delay in gross and fine motor skills. These secondary aims have been chosen because there are a number of countries where there are no representative prevalence data for overweight/obesity. There is also emerging evidence from a number of countries that the prevalence of developmental delay in other important outcomes in the motor and physical development domains are high, around 15% for gross motor skills and up to 32% for fine motor skills.

The study involves around 30 countries, two-thirds of which are either low- or middle-income according to the UN Human Development Index.



Caring for Community: Ngaimpe Aboriginal Corporation ‘The Glen’

AUSTRALIAN RESEARCH COUNCIL

TOTAL FUNDING: \$10,000
APRIL 2015 – FEBRUARY 2019

BACKGROUND

The overall aim of this project is to evaluate the contribution that Aboriginal Community Controlled Health Organisations (ACCHOs) have on the health and wellbeing of Indigenous peoples and their communities wherein they operate. The Glen Centre, a drug and alcohol rehabilitation service operated by the Ngaimpe Aboriginal Corporation, volunteered

themselves to be a living case study. The Glen is a 37 bed, residential drug and alcohol rehabilitation service on the Central Coast, NSW. The service model is holistic, addressing addiction recovery from a ‘whole of person’ treatment perspective and a philosophy that seeks to restore people as active members of the community.

A strategic host of community partnerships situates the Glen in the centre of a social network which enables them to direct a raft of services to their clients as they pursue recovery. This network is also reciprocated by the Glen’s clients who provide work and services back to those community groups. The overall outcome of this relationship is the enhancement

of client wellbeing and the social health of the community. This service model also ensures that the Glen can continue to operate as a holistic drug and alcohol service, meeting the needs of their community and Indigenous peoples from all over Australia whom are invited into their program.

WHAT WE DID

A mixed-methods study approach was applied consisting of surveys, telephone interviews and a focus group, to capture the insights and experiences of the Glen's key stakeholders, board, staff and volunteers. We thematically analysed these interviews; an overall summary of these themes are that

the Glen was described as a unique, diverse and holistic service that changes the lives of each client as well as being an important contributor to the life of the local community. The strongest themes to emerge across all participants were establishment of partnership, connections, maintenance of partnership, and involvement with community.

This project concluded in 2019, and has contributed to building an evidence base for the effectiveness of an innovative addiction recovery service, demonstrated the valuable contribution that an ACCHO has to their local community, and how organisational capacity can be built with Aboriginal leadership and through community partnerships.

Healthy Housing: improving communication pathways between housing, health and social services working with Aboriginal families in South East Sydney

THE GEORGE INSTITUTE FOR GLOBAL HEALTH

JANUARY 2019 – DECEMBER 2019

BACKGROUND

Housing is a well recognised determinant of health for Aboriginal and Torres Strait Islander children impacting infectious disease, injury, developmental progress and social and emotional wellbeing. Social housing services in NSW are significantly overstretched and the social housing system has been described by many Aboriginal families and health service providers as opaque and particularly difficult to navigate. Despite this, there is no established effective care pathway to connect agencies providing housing, health and social services to Aboriginal families in South East Sydney; nor are there systematic communication mechanisms between these services.

The aim of this project was to develop and trial an enhanced health and housing care pathway to improve the identification and communication of housing issues for Aboriginal families

accessing services in other sectors (e.g. health, education, community services). The purpose of this enhanced pathway is to improve the efficiency, transparency and coordination of multi-sector service provision to ultimately improve health, housing and social outcomes for Aboriginal families.

WHAT WE DID

This observational study collected data over two phases. Phase 1 involved interviews with key stakeholders (health service providers, community service providers, housing providers, housing tenancy advocates). Participants were recruited through a snowball sampling process.

Phase 2 involved yarning sessions with families; participants were recruited through invitation in close consultation with participating community organisations. Co-design of referral pathways also occurred in Phase 2 through development and feedback sessions with key stakeholders (recruited from Phase 1 interviews and yarning sessions with families).

Understanding trauma and burn patient transfer processes, patient experiences and models of care for Aboriginal and Torres Strait Islander children in emergency departments in NSW

NSW INSTITUTE OF TRAUMA AND INJURY MANAGEMENT

JANUARY 2018 – DECEMBER 2019

BACKGROUND

Aboriginal and Torres Strait Islander children are over-represented in serious injury compared with other Australian children. The rates of injury increase with increasing remoteness. Further, the timeliness of treatment in emergency departments (EDs) and access to services and care appears to be different for Aboriginal and Torres Strait Islander people. Despite the large burden of serious injury for Aboriginal and Torres Strait Islander children, very little is known about the child's first presentation to hospital, specifically, how is the child assessed, what factors are considered when deciding if and when a child should be transferred and importantly, how do families perceive the care their children are given and how do service providers perceive that care delivery? The objective of this study is to better understand the factors associated with care delivery for Aboriginal and Torres Strait Islander children who present to NSW EDs.

WHAT WE DID

The study aims to: describe Aboriginal and Torres Strait Islander children's trauma and burns related presentations to EDs across NSW; explore Aboriginal and Torres Strait Islander families' perceptions of the treatment and care received at NSW EDs; and understand clinicians' and service providers' considerations when treating an Aboriginal and Torres Strait Islander child who presents to an ED following trauma or burns.

This study has five phases: literature review, review of ED trauma data, qualitative in-depth interviews with families, interviews with clinicians and service providers, review of ED models of care. The study is advised by an advisory committee comprising representatives from local Aboriginal Community Controlled Organisations, NSW Health and relevant peak bodies.

The initial phases of the study have been completed and the study results are being written up.

National Injury Prevention Strategy – Literature Review

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH, IN PARTNERSHIP WITH THE GEORGE INSTITUTE FOR GLOBAL HEALTH

JANUARY – MAY 2019

BACKGROUND

The National Injury Prevention Strategy is a 2018-19 budget measure to be developed over 2018-19 to 2019-20. This strategy will update and build on the previous National Injury Prevention and Safety Promotion Action Plan (2004-2014). It will provide a policy platform to support interventions that reduce the risk of injury amongst the Australian population taking a whole of population and all-ages approach. Vulnerable groups including children and Aboriginal and Torres Strait Islander people will be a specific focus.

WHAT WE DID

A review of the published academic and practice literature on injury prevention underpinned by the latest Burden of Disease literature was undertaken to identify:

- Evidence-based injury prevention priorities
- ‘Best buys’ (cost-effective, good return on investment, good quality) injury prevention interventions that could be undertaken nationally in Australia or as smaller try, test, learn pilot projects
- Current barriers and gaps in injury prevention in Australia
- Current funding and legal levers in Australia
- Existing injury prevention priorities and action plans from current strategies, frameworks and plans.
- The outcome will be to provide evidence on which to base National Injury Prevention Strategy priorities and action plans.

National Injury Prevention Strategy

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH, IN PARTNERSHIP WITH THE GEORGE INSTITUTE FOR GLOBAL HEALTH

JUNE 2019 – JUNE 2020

BACKGROUND

The National Injury Prevention Strategy is a 2018-19 budget measure to be developed over 2018-19 to 2019-20. The Strategy will update and build on the previous National Injury Prevention and Safety Promotion Action Plan (2004-2014). It will provide a policy platform to support interventions that reduce the risk of injury amongst the Australian population taking a whole of population and all-ages approach. Vulnerable groups including children and Aboriginal and Torres Strait Islander people will be a specific focus.

WHAT WE DID

Ngarruwan Ngadju is working with a consortia of researchers from various universities, under the leadership of The George Institute for Global Health which has been contracted by the Commonwealth Government to produce an evidence-based National Injury Prevention Strategy developed with wide consultation. A literature review has been completed and a series of round tables of key stakeholders undertaken to scope the Strategy and identify the priorities and action plans to be included. The team is working actively with the Expert Advisory Group on the development of the Strategy.

Teaching & Education

AHSRI held a comprehensive series of seminars, presentations and workshops during 2019. Many AHSRI members also continued their usual teaching responsibilities throughout the year, as well as their role in student supervision which is discussed in the next section of this report.

AHSRI lunchtime seminar series

A series of seminars was conducted at AHSRI throughout the year, with presenters from within AHSRI and external colleagues discussing a wide range of topics.

DATE	PRESENTER	TOPIC
13 February	Associate Professor Jan Sansoni AHOC Director	Reflections on the International Society of Quality of Life Research Conference and health outcomes evaluation
16 May	Dr Yalchin Oytam Principal Biostatistician NSW Ministry of Health	Data science to support efficient integrated care
19 June	Dr Barbara Daveson PCOC Manager	Preferences for place of death in specialist palliative care patients: What are the key gaps?
31 July	Patrick Steele AROC Programmer Tara Alexander AROC Data Manager	Australasian Rehabilitation Outcome Centre's (AROC's) participation at the ANZICS Datathon 2019
11 September	Professor Andrew Bonney Roberta Williams Chair of General Practice, School of Medicine, University of Wollongong	Pragmatic trials in primary care: preliminary results from the EQUIP-GP trial
16 October	Associate Professor Judy Mullan CHRISP Director	CHRISP achievements and impact
20 November	Joanna Mason ARC Project Manager, Ngarruwan Ngadju	Observing the research-policy nexus in Indigenous health: lessons from an embedded specialist in government research and evaluation

Design and implementation of casemix-based funding models

The Patient Classification Systems International (PCSI) school on 'Advanced Design and Implementation of Case-Mix Funding Models' was run from 13-17 May 2019 in Limassol, Cyprus. The school is an annual week-long event conducted by a faculty of experts from a variety of countries around the world. The program was first introduced in 2011 as an advanced follow on from the casemix school that had been running for several years. Each year attracts an international mix of students.

As in previous years, Associate Professor Janette Green and Dr Conrad Kobel contributed to the design of the week's program. Both were invited to join the faculty of the school as experts in the statistical methods required to develop and apply funding models and to evaluate the impact of these models. In this capacity they contributed to lectures and practical sessions throughout the week. This year, Dr Conrad Kobel also served as Acting Director of the school.

In addition, Associate Professor Green and Dr Kobel also attended the PCSI Annual Conference held from 12 to 15 November in Copenhagen, Denmark. The conference theme was 'Activity-Based and Value-Based Healthcare - Connecting the Dots'. The annual conference provides an opportunity for participants to share and learn the latest in case-mix concepts from their peers through oral and poster presentation sessions, while also allowing an informal meeting of the minds of individuals from around the world.

Student Supervision

AHSRI members continued their supervision of candidates undertaking Doctoral and Master degrees in 2019. Details are provided in the table below.

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Associate Professor Shahriar Akter	Taufique Hossain	Doctor of Philosophy	Integration quality dynamics in multichannel services marketing
Associate Professor Shahriar Akter	Md Afnan Hossain	Doctor of Philosophy	Customer analytics capabilities and their effects on the Australian fashion retailing industry
Associate Professor Shahriar Akter	Saradhi Motamarri	Doctor of Philosophy	Frontline employees' service adaptiveness in big data driven services environment
Associate Professor Shahriar Akter	Saida Sultana	Master of Philosophy	Architecting and developing big data analytics-driven product innovation for digital firms in Australia
Dr Irit Alony	Dewishinta Dewishinta	Doctor of Philosophy (Integrated)	The influence of eco-labelling on consumer food purchases from the food services industry
Professor Kathleen Clapham	Nyssa Murray	Doctor of Philosophy (Integrated)	Improving cultural diversity in corporate Australia: Embedding Indigenous employment strategies into policy and procedures
Professor Kathleen Clapham	Nadia Neal	Doctor of Philosophy	Experiences of First in Family Indigenous Australian University Students and the affects it has on their social and emotional wellbeing
Professor Kathleen Clapham	Hayley Williams	Doctor of Philosophy	Understanding care received and improving access and provision of culturally safe acute care for Aboriginal and Torres Strait Islander children with burn injuries
Professor Kathleen Clapham, Associate Professor Peter Kelly	Elizabeth Dale	Doctor of Philosophy (Clinical Psychology)	A transformative mixed methods investigation of the cultural utility of SMART Recovery for Aboriginal Peoples
Professor Kathleen Clapham, Associate Professor Peter Kelly	Fiona Sheppeard	Doctor of Philosophy	Using a place-based approach to understanding mental health and alcohol and other drug treatment interventions within Aboriginal Community Controlled Organisations
Professor Kathleen Clapham, Dr Conrad Kobel	Tracey Ma	Doctor of Philosophy	Healthy ageing and the policy environment in Liverpool
Professor Kathleen Clapham, Kate Senior	Joanna Mason	Doctor of Philosophy	Observing the research-policy nexus: an ethnographic study of research use in Indigenous health policy
Dr Patricia Cullen	Amanda Georges	Doctor of Philosophy	Integrated mental health care for young people
Dr Patricia Cullen	Arshpreet Sran	Doctor of Philosophy	Value-based care in injury

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Dr Patricia Cullen	Carine Davey	Doctor of Philosophy	Risk factors for injury in young people
Dr Patricia Cullen	Mariam Soomro	Doctor of Philosophy	Developing an algorithm for concussion surveillance, risk assessment and management in rugby union
Professor Kathy Eagar, Professor Helen Hasan, Dr Malcolm Masso	Alex McLaren	Doctor of Business Administration	Evaluation of structural change in primary care: The case of the health care home model
Professor Kathy Eagar, Dr Silvia Mendolia	John Slater	Doctor of Business Administration	A Health Outcomes Resource Standard (HORSt) for Australian state public health funding distributions
Professor Kathy Eagar, Associate Professor Lyn Phillipson, Dr Luise Lago	Kara Cappetta	Doctor of Philosophy	Examining the impact of dementia on patterns of hospitalisation: A longitudinal analysis of hospitalisation admissions in the Illawarra and Shoalhaven
Professor Mario Fernando, Associate Professor Shahriar Akter	Ruwan Bandara	Doctor of Philosophy	The ethics of online privacy in the data-driven marketplace: A power-responsibility equilibrium and construal level theory perspective
Professor Mario Fernando	Nelly Liyanagamage	Doctor of Philosophy	Machiavellian leadership in business organisations: A relational perspective
Professor Mario Fernando	Gayani Gunasekera	Doctor of Philosophy (Integrated)	Stories of identity work: A study of female Sri Lankan immigrants in Australian workplaces
Professor Mario Fernando	Anushka Hewa Heenipellage	Doctor of Philosophy	The influence of moral intensity on ethical decision-making in the hotel industry
Tam Ha	Jake Thompson	Bachelor of Public Health (Honours)	Identifying differences in those diagnosed with colorectal cancer who did and did not undergo a Faecal Occult Blood Test (FOBT)
Professor Valerie Harwood	Gary Fry	Doctor of Philosophy	Indigeneity as a foundation for patterned Northern Territory remote Aboriginal student achievement within a stratified western education system
Professor Valerie Harwood	Ashleigh Johnstone	Doctor of Philosophy	Understanding the establishment of the AIME Vibe and mentoring model
Professor Valerie Harwood	Carol Speechley	Doctor of Philosophy	The Five Islands People of the Illawarra
Professor Valerie Harwood	Amy Davidson	Master of Philosophy	What Is community-led research?
Professor Helen Hasan	Ahmad Rashdan	Doctor of Philosophy	Factors influencing the uptake of e-shopping in the Middle East: A case study of Jordan
Associate Professor Michael Jones	Ahabab Chowdhury	Doctor of Philosophy (Integrated)	The lived experiences of PhD candidates journey towards successful completion: A study using transcendental phenomenology
Associate Professor Michael Jones	Zhuzhu Liu	Doctor of Philosophy	Exploring spontaneous volunteers in times of natural disasters

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Associate Professor Michael Jones	Nicholai Popov	Doctor of Business Administration	The impact of leadership development on organisational citizenship behaviour and social capital: A intervention using self-determination theory
Associate Professor Michael Jones	Jennifer Thompson	Doctor of Philosophy	Innovation in local government organisational and community dynamics
Dr Malcolm Masso	Donna Dark	Doctor of Business Administration	Exploring ethical climate types in not-for-profit organisations - implications for ethical decision making
Professor Grace McCarthy	Melanie Ahmad	Doctor of Philosophy	Investigating the onshore impact of offshoring: The role of nedde support and rewards in supporting employee work motivation
Professor Grace McCarthy	Michael Armour	Doctor of Philosophy	What is the experience of business coaches in relation to supervision?
Professor Grace McCarthy	John Hesketh	Doctor of Business Administration	Breaking though the leaser development ceiling: How can leaders transform themselves to transform their organisations
Professor Grace McCarthy	Mark Middleton	Doctor of Philosophy	The relationship between feedback, assessment and learning
Professor Grace McCarthy	Simone Sietsma	Doctor of Business Administration	An exploration of whether and how humility influences senior leaders' responses to feedback
Professor Grace McCarthy, Emeritus Professor John Glynn	Abigail Rodwell	Doctor of Philosophy	The impact of authenticity and shared leadership at board level on corporate governance behaviours and processes
Professor Grace McCarthy, Emeritus Professor John Glynn, Associate Professor Michael Jones	Suzette Skinner	Doctor of Philosophy	Influences on leader self-efficacy
Professor Lorna Moxham	Edward Aquin	Doctor of Philosophy	An exploration of the consumer's voice regarding mental health risk assessment
Professor Lorna Moxham	Caroline Picton	Doctor of Philosophy	A phenomenological examination of the experiences of people living with mental illness whilst participating in therapeutic recreation
Professor Lorna Moxham	Renee Hall	Bachelor of Nursing with Honours	Learning within a non-conventional mental health clinical placement: the experience of the clinical facilitator
Associate Professor Judy Mullan	Adam Hodgkins	Doctor of Philosophy	The use of electronic medical data for research in primary care: A study of lipid lowering medication in the elderly as a case model
Associate Professor Judy Mullan	Rebekah Hoffman	Doctor of Philosophy	Motherhood and Medicine: Understanding the challenges the doctors who are also mothers face in both their careers and home life
Associate Professor Judy Mullan	Robyn Gillespie	Doctor of Philosophy	Exploring the decision to de-prescribe medication to reduce polypharmacy for older community living adults

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Associate Professor Judy Mullan	Margaret Jordan	Doctor of Philosophy	Evaluation of a non-dispensing pharmacist in a GP setting
Associate Professor Judy Mullan	Karumathil Murali	Doctor of Philosophy	The relationship between cognitive function and treatment adherence in patients with chronic kidney disease – potential causes, impact on outcomes and trial of improvement strategies
Associate Professor Judy Mullan	Timothy Miller	Master of Philosophy	Translating research into practice in non-operative management of osteoarthritis of the knee
Associate Professor Judy Mullan	Tim Skyring	Master of Philosophy	What factors influence the choices patients make when faced with a diagnosis of early stage prostate cancer?
Associate Professor Judy Mullan	Kerry Watts	Master of Philosophy	The prevalence of hospitalisations resulting from side effects associated with oral anticoagulants
Associate Professor Lyn Phillipson	Catherine Andrew	Doctor of Philosophy	Exploring employee experiences of retirement due to signs and symptoms of dementia
Associate Professor Lyn Phillipson	Catherine Kubel	Master of Philosophy	Lost in translation? Exploring the usefulness of three methods to identify best sources of evidence for care staff on the non-pharmacological alleviation of responsive behaviours in dementia
Associate Professor Lyn Phillipson	Catherine Duncan	Doctor of Philosophy	What is the impact of the marketization of the Commonwealth home care packages on the lived relational experience of informal carers?
Associate Professor Lyn Phillipson, Associate Professor Kate Senior	Kathleen Prokopovich	Doctor of Philosophy	Conceptualizing and exploring stigma and the social construction of the HPV vaccination: Academic and community discourses
Dr Chris Poulos	Jane Wu	Doctor of Philosophy	Early rehabilitation in trauma and critical illness
Professor Melanie Randle	Paul Ikutegbe	Doctor of Philosophy	Developing a theoretical model of successful work placements for people with disabilities
Professor Melanie Randle	Sarah Ryan	Doctor of Philosophy	A social marketing campaign to promote physical activity in the South Pacific region
Professor Melanie Randle	Nadine Veerhuis	Doctor of Philosophy	Barriers and facilitators in decisions about maintaining or retiring from driving for adults aged 65 years and over
Dr Heike Schütze	Kurnia Wijayanti	Doctor of Philosophy (Integrated)	Parents attitudes towards preventing cervical cancer through human papillomavirus vaccination
Dr Heike Schütze	Nurhira Abdul Kadir	Doctor of Philosophy (Integrated)	The capacity of public health lecturers in Indonesia's medical faculties to contribute in the preparation of socially responsive physicians
Dr Heike Schütze	Tiffany Sandell	Doctor of Philosophy	Efficacy, acceptability, feasibility and level of person-centred care of a radiation oncology follow-up model of care in general practice

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Dr Heike Schütze	Helen Kehoe	Doctor of Philosophy	An analysis of MBS and PBS to improve Aboriginal and Torres Strait Islander Health Care Access 1996-2016
Associate Professor Kate Senior	Rachael McMahon	Doctor of Philosophy	The silenced manifesto: An autoethnography of living with schizoaffective disorder
Senior Professor David Steel	Yasir Al Harthy	Doctor of Philosophy	Optimising higher education admission policy in Oman
Senior Professor David Steel	Jiangmei Liu	Doctor of Philosophy	The contribution of dietary indicators to overall and cause-specific mortality in China during a period of rapid economic development: prospective study of more than 10,000 men with 25 years of follow-up
Professor Heather Yeatman	Emma Gorman	Doctor of Philosophy	An exploratory study of teachers' enactment of food and nutrition education in Australian primary schools
Professor Heather Yeatman	Nyamragchaa Chimedtseren	Doctor of Philosophy (Integrated)	Consumer perspectives on food and nutrition labelling and use of food label information in Mongolia to inform food labelling policy
Professor Heather Yeatman	See Hoe Ng	Doctor of Philosophy	Mapping the implementation of priority food environment policies to tackle diet-related non-communicable diseases (NCDs) in Malaysia: A situational analysis
Professor Heather Yeatman	Karen Waller	Doctor of Philosophy	Preventive Health Initiatives
Professor Heather Yeatman	Soo Jin Park	Doctor of Philosophy	Food cultures and urban food strategies- South Korean case study



Graduations

A number of students supervised by AHSRI members graduated during the year. We congratulate them all on this significant achievement.

LEANNE BRERETON, DOCTOR OF PHILOSOPHY

"Explaining preadolescent children's intention to wear branded clothes: The role of perceived peer-value, popularity and parental influence"

Supervisor: Professor Melanie Randle

JANE DOUGLAS, DOCTOR OF PHILOSOPHY

"Early career registered nurses: How and why do they stay? Exploring their disorienting dilemmas"

Supervisor: Professor Lorna Moxham

VIVIEN FORNER, DOCTOR OF PHILOSOPHY

"Motivational effects of planning and autonomy support on wellbeing and performance in the workplace"

Supervisor: Associate Professor Michael Jones

RAJENDRA GHIMIRE, DOCTOR OF PHILOSOPHY

"Improving access to justice: A study of traditional justice systems (a case study of Nepal)"

Supervisor: Professor Elena Marchetti

ALFIAH HASANAH, DOCTOR OF PHILOSOPHY (ECONOMICS)

"Poverty related outcome of migration: The case of Indonesia"

Supervisor: Dr Silvia Mendolia

JOANNA KHOO, DOCTOR OF PHILOSOPHY

"Leveraging disparate data sources to understand the role of the Australian private health insurance sector in supporting the care of high-needs patients"

Supervisors: Professor Kathy Eagar and Professor Helen Hasan

DUNCAN RINTOUL, DOCTOR OF PHILOSOPHY

"Dynamic response formats in online surveys: Do they give us good data, or are they just pretty toys?"

Supervisors: Professor Melanie Randle, Professor Sara Dolnicar

BROGAN RYLANDS, DOCTOR OF PHILOSOPHY

"Manufacturing in Australia: An exploratory investigation of innovation capability enhancements using value stream thinking"

Supervisors: Dr Tillmann Böhme, Dr Joshua Fan and Professor Grace McCarthy

MERCEDEZ HINCHCLIFF, DOCTOR OF BUSINESS ADMINISTRATION

"Examining the complex relationship of customer satisfaction and loyalty within the Australian retail banking market: A multigroup analysis between high and low-involvement product types"

Supervisors: Dr Elias Kyriazis, Professor Grace McCarthy, Emeritus Professor John Glynn

BILL CALCUTT, MASTER OF PHILOSOPHY

"Valuing volunteers – Better understanding the primary motives for volunteering in Australian emergency services"

Supervisor: Associate Professor Michael Jones

CAITLIN GOMAN, BACHELOR OF NURSING (HONOURS)

"Knowledge translation from clinical placement to RN practice"

Supervisor: Professor Lorna Moxham



In The News

The work of AHSRI and its members was highlighted in the media throughout 2019. A selection of stories is listed below.

NSW STUDY FINDS NO NARROWING OF CHILD INJURY GAP

National Indigenous Times
13 February 2019

NURSING HOME FUNDING TO SURGE UNDER BLUEPRINT FOR AGED CARE

The Australian
25 February 2019

TRANSPORT SUPPORT URGENTLY NEEDED TO IMPROVE ROAD SAFETY IN REMOTE COMMUNITIES: SURVEY

UNSW News
12 March 2019

HEALTH INSTITUTE'S STANDING RECEIVES FURTHER BOOST

UOW News
13 March 2019

NEW AGED CARE FUNDING MODEL HAILED AS "GAME CHANGER"

The Australian
14 March 2019

CONSULTATION COMMENCES ON NEW RESIDENTIAL CARE FUNDING MODEL

Inside Ageing
15 March 2019

AS HOME CARE PACKAGES BECOME BIG BUSINESS, OLDER PEOPLE ARE NOT GETTING THE PERSONALISED SUPPORT THEY NEED

The Conversation
19 March 2019

RESIDENT'S PAYMENT CLASS NOT PROVIDED TO FACILITY UNTIL AFTER ENTRY UNDER NEW MODEL

Australian Ageing Agenda
20 March 2019

ILLAWARRA RESIDENTS URGED NOT TO RUSH TO CHANGE PRIVATE HEALTH COVER

Illawarra Mercury
25 March 2019

PROJECT AIMS TO REDUCE METHAMPHETAMINE-RELATED HARM IN REGIONAL AREAS

Mirage News
12 April 2019

NEW RESEARCH HUB PROMOTES HOLISTIC APPROACH TO INDIGENOUS WELL-BEING

National Indigenous Times
12 June 2019

NEW UOW HOME FOR NGARRUWAN NGADJU RESEARCH CENTRE

Illawarra Mercury
14 June 2019

INDIGENOUS CHILDREN OVER-REPRESENTED IN ACCIDENTAL INJURIES AND DEATHS

Sydney Morning Herald
14 June 2019

UOW STUDY TO ENABLE BETTER USE OF RESOURCES AT WOLLONGONG HOSPITAL ED

Daily Telegraph
8 July 2019

UOW STUDY TARGETS FREQUENT ATTENDERS AT HOSPITAL EDS

South Coast Register
9 July 2019

AGED CARE ROYAL COMMISSION HEARS OF 'FATAL FLAW' IN AUSTRALIA'S AGED CARE SYSTEM

7 News
30 July 2019

GOVERNMENT'S CARER SYSTEM HAS 'FATAL FLAW', UOW ACADEMIC SAYS

Illawarra Mercury
31 July 2019

ILLAWARRA DEMENTIA FORUM AIMS TO BREAK DOWN STIGMA

Illawarra Mercury
18 September 2019

AGED-CARE HOMES 'FAIL ON STAFFING'

The Australian
12 October 2019

AGED CARE ROYAL COMMISSION TOLD NURSING HOMES UNDERSTAFFED, MOST WOULD RECEIVE ONE-STAR RATING

ABC News
14 October 2019



STAFFING AT AGED CARE HOMES UNACCEPTABLE: UNIVERSITY OF WOLLONGONG REPORT

Illawarra Mercury
15 October 2019

INQUIRY MOVES ITS FOCUS TO WORKFORCE ISSUES

Australian Ageing Agenda
16 October 2019

AGED CARE ROYAL COMMISSION RELEASE MORE RESEARCH AND BACKGROUND PAPERS

Aged Care Guide
28 October 2019

LIFELINE VIA TEXT: SUICIDE PREVENTION PILOT REACHES YOUNG PEOPLE WHO WON'T CALL FOR HELP

Sydney Morning Herald
19 November 2019

LIFELINE'S SUICIDE TEXT HELPLINE MORE ACCESSIBLE TO PEOPLE IN RURAL AND REMOTE LOCATIONS

ABC News
20 November 2019

IMPROVED CARE FOR THE DYING IS GOOD NEWS FOR ALL

UOW News
20 November 2019

ALL THE LONELY PEOPLE: AGED CARE RESIDENTS AT RISK OF NEGLECT AT CHRISTMAS

Sydney Morning Herald
23 December 2019

Publications

Publications produced by AHSRI staff and associate members in 2019 are listed below. Many are available on UOW's Research Online open access digital archive (<http://ro.uow.edu.au/ahsri>).

BOOK

1. Harwood V and Murray N (2019) *The Promotion of Education: A Critical Cultural Social Marketing Approach* (1st edition). Palgrave Macmillan, DOI: 10.1007/978-3-030-25300-4.
2. Reid-Searl K, Dwyer T, Moxham L and Ryan J (2019) *Nursing Student's Clinical Survival Guide* (4th edition). Sydney, Australia: Pearson.
3. Zhang L-C and Chambers RL (2019) *Analysis of Integrated Data* (1st edition). Boca Raton, USA: Chapman and Hall/CRC.

BOOK CHAPTERS

4. Daniels-Mayes S, Harwood V and Murray N (2019) On Settler Notions of Social Justice: The Importance of Disrupting and Displacing Colonising Narratives. In 'Higher Education, Pedagogy and Social Justice'. K. Freebody, S. Goodwin and H. Proctore (Eds.), Palgrave Macmillan, Cham, DOI: 10.1007/978-3-030-26484-0.
5. Fredericks B, White N, Phillips S, Bunda T, Longbottom M and Bargallie D (2019) Being ourselves, naming ourselves, writing ourselves: Indigenous Australian women disrupting what it is to be academic within the academy. In 'Academic writing and identity constructions: Performativity, space and territory in academic workplaces'. L. Thomas and A. Reinertsen (Eds.), Palgrave Macmillan, Cham. ISBN: 978-3-030-01673-9.
6. McMahon SE, Harwood V, Bodkin-Andrews G, O'Shea S, McKnight A, Chandler P and Priestly A (2019) Lessons from the AIME approach to the teaching relationship. In 'World Yearbook of Education 2020: Schooling, Governance and Inequalities'. J. Allan, V. Harwood and C. Rubner Jorgensen (Eds.), Routledge, London.
7. Meedya S, Sheikh MK, Win KT and Halcomb E (2019) Evaluation of Breastfeeding Mobile Health Applications Based on the Persuasive System Design Model. In 'Persuasive Technology: Development of Persuasive and Behavior Change Support Systems'. PERSUASIVE 2019. Lecture Notes in Computer Science, Vol. 11433, pp. 189-201. H. Oinas-Kukkonen, K. Win, E. Karapanos, P. Karppinen and E. Kyza (Eds.), Springer International Publishing, Cham. ISBN: 978-3-030-17286-2.
8. Mullan J and Burns P (2019) Patient and Carer engagement and communication. In 'Emergency and Trauma Care for Nurses and Paramedics'. K. Curtis, C. Ramsden, R. Shaban, M. Fry and J. Considine (Eds.), Elsevier, Australia.
9. Smith L and Dowse L (2019) Complexity and Disability: drawing from a complexity approach to think through disability at the intersections. In 'Manifestos for the Future of Disability Studies'. R. Garland-Thomson, K. Ellis and R. Robertson (Eds.), Routledge, New York.

JOURNAL ARTICLES

10. Akter S, Jamal N, Ashraf M, McCarthy G and Varsha PS (2019) The rise of the social business in emerging economies: A new paradigm of development. *Journal of Social Entrepreneurship*, DOI: 10.1080/19420676.2019.1640772.
11. Aquin, E, Patterson, C and Moxham L (2019) Mental health risk assessment: Who decides? *Australian Nursing and Midwifery Journal*, 26 (6): 53.
12. Australasian Rehabilitation Outcomes Centre (2019) AROC resources you may find useful. *Journal of the Australasian Rehabilitation Nurses Association*, 22 (1): 29-30.
13. Australasian Rehabilitation Outcomes Centre (2019) AROC resources you may find useful. *Journal of the Australasian Rehabilitation Nurses Association*, 22 (2): 32-4.
14. Australasian Rehabilitation Outcomes Centre (2019) Quality improvement in healthcare. *Journal of the Australasian Rehabilitation Nurses Association*, 22 (3): 28-31.
15. Baker J, Raman S, Kohlhoff J, George A, Kaplun C, Dadich A, Best CT, Arora A, Zwi K, Schmied V and Eapen V (2019) Optimising refugee children's health/wellbeing in preparation for primary and secondary school: A qualitative inquiry. *BMC Public Health*, 19 (1): 812.
16. Barrett EM, Batterham MJ, Ray S and Beck EJ (2019) Whole grain, bran and cereal fibre consumption and cardiovascular disease: A systematic review. *British Journal of Nutrition*, 121 (8): 914-37.
17. Beatty L, Kemp E, Coll JR, Turner J, Butow P, Milne D, Yates P, Lambert S, Wootten A, Yip D and Koczwara B (2019) Finding My Way: results of a multicentre RCT evaluating a web-based self-guided psychosocial intervention for newly diagnosed cancer survivors. *Supportive Care in Cancer*, 27 (7): 2533-44.
18. Birrell CL, Steel DG, Batterham MJ and Arya A (2019) How to use replicate weights in health survey analysis using the National Nutrition and Physical Activity Survey as an example. *Public Health Nutrition*, 22 (18): 3315-26.
19. Bliokas V, Hains A, Allan J, Lago L and Sng R (2019) Community-based aftercare following an emergency department presentation for attempted suicide or high risk for suicide: Study protocol for a non-randomised controlled trial. *BMC Public Health*, 19 (1): 1380.
20. Boland JW, Currow D and Johnson M (2019) Response to "Hyoscine butylbromide for the management of death rattle: sooner rather than later". *Journal of Pain and Symptom Management*, 57 (3): e12-e13.
21. Bonney A, Hammond A, Mullan J, Yeo G, Thompson B, Flynn S, Burns P and Carrigan T (2019) A case study of the experiences of junior medical officers in the emergency departments of a metropolitan hospital and rural hospital. *Australian Journal of Rural Health*, 27 (6): 476-81.

22. Bradford N, Chambers S, Hudson A, Jauncey-Cooke J, Penny R, Windsor C and Yates P (2019) Evaluation frameworks in health services: An integrative review of use, attributes and elements. *Journal of Clinical Nursing*, 28 (13-14): 2486-98.
23. Bradford N, Walker R, Cashion C, Henney R and Yates P (2019) Do specialist youth cancer services meet the physical, psychological and social needs of adolescents and young adults? A cross sectional study. *European Journal of Oncology Nursing*, 44: 101709.
24. Breaden K, Collier A, Litster C, Allcroft P, Currow DC and Phillips JL (2019) Stigma and the in(visible) perspectives and expectations of home oxygen therapy among people with chronic breathlessness syndrome: A qualitative study. *Palliative Medicine*, 33 (1): 82-90.
25. Button E, Bolton M, Chan RJ, Chambers S, Butler J and Yates P (2019) A palliative care model and conceptual approach suited to clinical malignant haematology. *Palliative Medicine*, 33 (5): 483-5.
26. Button E, Gavin NC, Chan RJ, Connell S, Butler J and Yates P (2019) Harnessing the power of clinician judgement. Identifying risk of deteriorating and dying in people with a haematological malignancy: A Delphi study. *Journal of Advanced Nursing*, 75 (1): 161-74.
27. Button E, Northfield S, Smith M, Wyld D, Nasato G and Yates P (2019) How do cancer care services in Australia take care of their patients when they require emergency care? We need more evidence. *Australian Health Review*, DOI: 10.1071/AH19118.
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29. Carter R, Halcomb E, Ramjan LM, Wilson NJ, Glew P and Salamonson Y (2019) Does the use of annotated exemplars by nursing students predict academic performance? A cohort study. *Nurse Education Today*, 80: 34-9.
30. Casey P, Dārziņš P, Webb-St Mart M, Baldwin C, Riddell K, Johnson C and Cross W (2019) Evaluation of a method to estimate the point prevalence of cognitive impairment and delirium in a multi-campus Australian health service. *Australasian Journal on Ageing*, 38 (4): 258-66.
31. Chambers R, Salvati N, Fabrizi E and Diniz da Silva A (2019) Domain estimation under informative linkage. *Statistical Theory and Related Fields*, 3 (2): 90-102.
32. Chan RJ, Blades R, Jones L, Downer TR, Peet SC, Button E, Wyld D, McPhail S, Doolan M and Yates P (2019) A single-blind, randomised controlled trial of StrataXRT® - A silicone-based film-forming gel dressing for prophylaxis and management of radiation dermatitis in patients with head and neck cancer. *Radiotherapy and Oncology*, 139: 72-8.
33. Chan RJ, Gordon LG, Tan CJ, Chan A, Bradford NK, Yates P, Agbejule OA and Miaskowski C (2019) Relationships between financial toxicity and symptom burden in cancer survivors: A systematic review. *Journal of Pain and Symptom Management*, 57 (3): 646-60.
34. Chowdhury S, Stephen C, McInnes S and Halcomb E (2019) Nurse-led interventions to manage hypertension in general practice: A systematic review protocol. *Collegian*, DOI: 10.1016/j.collegn.2019.10.004.
35. Clark K, Sheehan C and Currow D (2019) Letter to the Editor Re: "Hyoscine Butylbromide for the Management of Death Rattle: Sooner Rather Than Later". *Journal of Pain and Symptom Management*, 57(1): e16-e17.
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38. Degenhardt L, Bharat C, Bruno R, Glantz MD, Sampson NA, Lago L, Aguilar-Gaxiola S, Alonso J, Andrade LH, Bunting B and Caldas-de-Almeida JM (2019) Concordance between the diagnostic guidelines for alcohol and cannabis use disorders in the draft ICD-11 and other classification systems: analysis of data from the WHO's World Mental Health Surveys. *Addiction*, 114 (3): 534-52.
39. Deroy S and Schütze H (2019) Factors supporting retention of Aboriginal Health and Wellbeing staff in Aboriginal Health Services: A comprehensive review of the literature. *International Journal for Equity in Health*, 18: 70.
40. de Wolf-Linder S, Dawkins M, Wicks F, Pask S, Eagar K, Evans CJ, Higginson IJ and Murtagh FEM (2019) Which outcome domains are important in palliative care and when? An international expert consensus workshop, using the nominal group technique. *Palliative Medicine*, 33 (8): 1058-68.
41. Dew A, Collings S, Dowse L, Meltzer A and Smith L (2019) 'I don't feel like I'm in this on my own': Peer support for mothers of children with intellectual disability and challenging behaviour. *Journal of Intellectual Disabilities*, 23 (3): 344-58.
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44. Diviani N, Fredriksen EH, Meppelink CS, Mullan J, Rich W and Sudmann TT (2019) Where else would I look for it? A five-country qualitative study on purposes, strategies, and consequences of online health information seeking. *Journal of Public Health Research*, 8 (1): 1518.
45. Eastman P, Currow DC, Fazekas B, Brown L and Le B (2019) Oral dexamethasone in the management of cancer-related pain: A feasibility study. *Palliative Medicine*, 33 (4): 477-8.
46. Eckermann S, Phillipson L and Fleming R (2019) Re-design of Aged Care Environments is Key to Improved Care Quality and Cost Effective Reform of Aged and Health System Care. *Applied Health Economics and Health Policy*, 17 (2): 127-30.
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171. Xing W, So WKW, Choi KC, Wong CL, Tong M, Choy YP, Molassiotis A, Yates P and Chan RJ (2019) Translation and psychometric testing of Cancer Survivors' Unmet Needs, Chinese version. *Asia-Pacific Journal of Clinical Oncology*, 15 (5): e142-6.
172. Young C, Craig JC, Clapham K, Banks S and Williamson A (2019) The prevalence and protective factors for resilience in adolescent Aboriginal Australians living in urban areas: a cross-sectional study. *Australian and New Zealand Journal of Public Health*, 43 (1): 8-14.
173. Zureigat M, Fildes K, Hammond A, Mullan J, Bonney A and See J (2019) General practitioners' attitudes towards acne management: psychological morbidity and the need for collaboration. *Australian Journal of General Practice*, 48 (1-2): 48-52.

CONFERENCE PRESENTATIONS

174. Alexander T, Huckson S, Chavan S, Knott C, Steele P, Pilcher D, Tabah A, Ramanan M and Wicks J (2019) #DATATHON – How rapid exploration of linked registry data leads to greater understanding of inpatient rehabilitation outcomes following ICU. 8th Annual NHMRC Symposium on Research Translation, Melbourne, 19-20 November 2019.
175. Andrew C, Hazel P, Phillipson L and Sheridan L (2019) Consumer perspectives: How younger onset dementia impacts workforce participation during onset and progression of symptoms. *Australian Dementia Forum*, Hobart, 13-14 June 2019.
176. Baker J, Raman S, Kohlhoff J, George A, Kaplun C, Dadich A, Best C, Arora A, Zwi K, Schmied V and Eapen V (2019) Optimising Refugee Children's Health and Wellbeing in Preparation for Primary and Secondary School. International Society for Social Pediatrics & Child Health (ISSOP) Children in Armed Conflict: Rights, Health and Well-being, Beirut, 24-26 September 2019 (Oral Presentation).
177. Bliokas VV, Hains AR, Allan JA, Lago L and Sng R (2019) Community-based aftercare following an emergency department presentation for attempted suicide or high risk of suicide: Study protocol for a non-randomised controlled trial. Poster presentation. *Breaking Down Walls and Building Bridges: 30th World Congress of the International Association for Suicide Prevention*, Northern Ireland, 17-21 September 2019.
178. Bonney A, Zwar N, Eckermann S, Mullan J, Batterham M, Hammond A, Russell G, Mazza D, Radford J and Peterson G (2019) Equip-GP Trial: An inquiry into patient and general practice attitudes to financial quality-care incentives in primary care: Pre-intervention data from the EQUIP-GP trial. *Australasian Association of Academic Primary Care Conference*, Adelaide, 12-13 July 2019 (Oral Presentation).
179. Burns P, Weston KM, Rich WC, Akhund S, Mullan JR and McLennan PL (2019) Developing students' skills and experience in writing for publication. *Australian and New Zealand Association for Health Professional Educators (ANZAHPE) 2019 Conference*, Canberra, Australia, 1-4 July 2019 (Oral Presentation).
180. Cappelletta K, Lago L and Phillipson L (2019) Under-coding of dementia over time suggests lack of active management. 52nd Australian Association of Gerontology Conference, Sydney, 5-8 November 2019.
181. Cappelletta K, Phillipson L, Lago L and Potter J (2019) Under-coding of dementia: Scope for improved in-hospital patient management. A longitudinal retrospective study of dementia patients in the Illawarra Shoalhaven. 52nd Australian Association of Gerontology Conference, Sydney, 5-8 November 2019.
182. Chua D, Mitchell G, Cook A, Deckx L, Licqurish S, Woolford M, Ding J and Johnson C (2019) A general practice end of life care EoLC minimum dataset: GP communication and management practices at the end of life. *Australasian Academic Association for Primary Care's (AAAPC) Annual Research Conference*, Adelaide, 12-13 July 2019 (Poster Session).
183. Clapham S (2019) Advancing service and system-level outcomes through building capability. *The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference*, Sydney, 20-21 November 2019.
184. Clapham S (2019) Who measures patient outcomes in Australia? The feasibility of a symptom-distress, patient-reported outcome measure (PROM). *Oceanic Palliative Care Conference*, Perth, 10-13 September 2019.

185. Clapham S and Reed-Cox K (2019) Defining palliative and end of life care capabilities: A national approach to delivering the right care in the right place at the right time. Oceanic Palliative Care Conference, Perth, 10-13 September 2019.
186. Connolly A, Allingham S, Clapham S and Eagar K (2019) Systematic improvement of PCOC data quality and completeness. The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
187. Currow D (2019) The value of interdisciplinary assessment in improving outcomes in end-of-life care and palliative care. The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
188. Daveson B (2019) A look into the future: Priorities and opportunities for Australia's PCOC. The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
189. Davis E, Bishop G, Reed A, Clapham S, Webster D, Mullan J, Westley-Wise V, Daveson B, Connolly A, Green J and Eagar K (2019) Improving end-of-life choices for aged care residents: Delivering the right care, at the right time, in the right place and by the right people. The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
190. Derooy S and Schütze H (2019) Factors supporting Aboriginal health and wellbeing staff retention rates: A strengths-based journey. 23rd IUHPE World Conference on Health Promotion, Rotorua, New Zealand, 7-11 April 2019.
191. Eagar K (2019) Choices at end of life. Palliative Care WA, Annual National Palliative Care Week Breakfast, Perth, 21 May 2019.
192. Eagar K (2019) Creating the future: Outcomes past, present and those to come. The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
193. Eagar K (2019) Palliative Care Outcomes Collaboration (PCOC): evidence-based improvement of patient, family and carer outcomes. Department of Health, Canberra, August 2019.
194. Eagar K (2019) Strengthening the Australian health care system – can research help? 8th NSW Rural Health and Research Congress, Lismore, 16-18 October 2019.
195. Edwards J, Moody J, Hooper D, Kneen K, Draper K, Connolly J, Eagar K, Saurman E, Blackburn P and Allingham S (2019) Palliative care outcome measures and patient choice. How do they influence place of death? 16th World Congress of the European Association for Palliative Care, Berlin, Germany, 23-25 May 2019 (Oral presentation).
196. Fox A, MacAndrew M, Wyles K and Beattie E (2019) Functional decline and predictors of adverse events for people with and without dementia during hospitalisation. In NHMRC National Institute for Dementia Research (NNIDR) Australian Dementia Forum 2019, Hobart, Tasmania, 13-14 June 2019.
197. Gillespie R, Mullan J and Harrison L (2019) How do older adults using polypharmacy understand its risks? 50th Public Health Association of Australia Conference, Adelaide, 17-19 September 2019 (Oral Presentation).
198. Gillespie R, Mullan J and Harrison L (2019) The acceptance of polypharmacy use in older age. International Preventing Overdiagnosis Conference, Sydney, 5-7 December 2019 (Oral Presentation).
199. Gold M, Connolly J and Daveson B (2019) FinTech, HealthTech, RegTech: How is technology assisting the planning, funding and delivery of palliative care services? The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
200. Green J, Hatcher J and Kobel C (2019) Statistical methods and Applications II. Patient Classification Systems International School - Advanced Design and Implementation of Case-Mix Funding Models, Limassol, Cyprus, 13-17 May 2019.
201. Green J, Kobel C and Hatcher J (2019) Statistical methods - EDA. Patient Classification Systems International School - Advanced Design and Implementation of Case-Mix Funding Models, Limassol, Cyprus, 13-17 May 2019.
202. Green J, Hatcher J and Kobel C (2019) Statistical methods for ABF II. Patient Classification Systems International School - Advanced Design and Implementation of Case-Mix Funding Models, Limassol, Cyprus, 13-17 May 2019.
203. Hosie F and Connolly J (2019) Does greater understanding of a service model impact outcomes? Oceanic Palliative Care Conference, Perth, 10-13 September 2019.
204. Hosie F and Connolly J (2019) Does greater understanding of a service model impact outcomes? The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
205. Hunter K, Andersen M, Callaghan L, Maza S, Williams C, Jersky M, Moore M, Mackenzie A, Clapham K, Raman S, Zwi K, Stephensen J, Lingam L, Erskine C, Coote R, Larter N, Williamson A, Coombes J and Woolfenden S (2019) Healthy housing: improving communication pathways between housing, health and social services (protocol). International Symposium Partnerships for Better Health Maridulu Budyari Gumal - Sydney Partnership for Health, Education, Research and Enterprise (SPHERE), Sydney, August 2019 (Poster Presentation).
206. Ikutegbe P, Sheridan L, Gordon R and Randle M (2019) Greater inclusion of people with disabilities in mainstream employment: A call to action for the management discipline to engage with this wicked problem. 33rd Australian and New Zealand Academy of Management (ANZAM) Conference, Cairns, Queensland, 3-6 December 2019.
207. Jersky M, Moore M, Callaghan L, Zwi K, Lingam R and Ngala Nanga Mai Parent Group Program artists (2019) Montage of images from the Ngala Nanga Mai Parent Group Program. International Symposium Partnerships for Better Health Maridulu Budyari Gumal - Sydney Partnership for Health, Education, Research & Enterprise (SPHERE), Sydney, August, 2019 (Artwork Installation).
208. Johnson CE, Cook A, Ding J, Deckx L, Chua D, Licqurish S, Woolford MH and Mitchell GK (2019) How is the end of life managed in general practice? Developing a minimum dataset for GP-based end of life care. 2019. Oceanic Palliative Care Conference, Perth, Australia, 10-13 September 2019.
209. Jordan M, Mullan J, Stewart A and Chen T (2019) Opioid and sedative weaning in general practice – a role for an integrated pharmacist. Australian Deprescribing Network (ADeN), Sydney, 27 November 2019 (Oral Presentation).
210. Kobel C (2019) On the challenges of building a casemix classification for community-based health care. 34th Annual Patient Classification Systems International Conference, Copenhagen, Denmark, 12-15 November 2019.
211. Larance B, Kelly P, Lago L, Robinson L, Lappin J, Adams S and Reid D (2019) Drawing on regional data analytics and stakeholder consultation to improve responses to methamphetamine-related harm in the Illawarra Shoalhaven region. Creating Synergy, Wollongong, Australia, 6-7 June 2019 (Oral Presentation).

212. Larance B, Kelly P, Lago L, Lappin J, Robinson L, Adams S, Reid D (2019) Drawing on regional data analytics and stakeholder consultation to improve responses to methamphetamine-related harm in a New South Wales Local Health District. National Centre for Clinical Research on Emerging Drugs Inaugural Symposium, Hobart, 10 November 2019 (Oral Presentation).
213. Maidment I, Lawson S, Wong G, Booth A, Watson A, McKeown J, Zaman H, Mullan J and Baily S (2019) MEdication Management in Older people: Realist Approaches Based on Literature and Evaluation (MEMORABLE): a realist synthesis. Australasian Association of Gerontology Conference, Sydney, 5-8 November 2019 (Poster Presentation).
214. Maidment I, Lawson S, Wong G, Booth A, Watson A, McKeown J, Zaman H, Mullan J and Baily S (2019) MEMORABLE: Medication Management in Older people: Realist Approaches Based on Literature and Evaluation. British Journal of General Practice Research Conference, London, 29 March 2019 (Poster Presentation).
215. Mason J, Clapham K, Douglas D, Dawson A and Daniels J (2019) Prioritizing Indigenous voices through qualitative health research: an Australian model for focus group research. 3rd European Congress of Qualitative Inquiry, Edinburgh, Scotland, 13-15 February 2019.
216. Mason J, Clapham K, Dawson A and Wu D (2019) Prioritising Aboriginal voices through qualitative health research: an Australian model for focus group research. AIATSIS National Indigenous Research Conference 2019 – Research for the 21st Century. QUT, Brisbane, 2 July 2019.
217. McInnes S, Halcomb E, Patterson C and Moxham L (2019) The roles, attitudes and training needs of general practice nurses around mental health: A descriptive study. Australasian Academic Association for Primary Care's (AAAPC) Annual Research Conference, Adelaide, 12-13 July 2019.
218. Morris D, Lambert K, Vellar L, Mastroianni F, Krizanac J, Lago L and Mullan J (2019) Healthcare interpreters: Utilisation and impact in a regional health area. 5th International Conference on Ageing in a Foreign Land, Adelaide, South Australia, 19-20 June 2019.
219. Morris D, Mullan J and Lambert K (2019) Healthcare Interpreter Utilization - predictors and association with length of stay and cost: A retrospective cohort analysis. 5th International Conference on Ageing in a Foreign Land, Adelaide, South Australia, 19-20 June 2019 (Oral Presentation).
220. Mosalski S, Kilkeny M and Alexander T (2019) Linking the Australasian Rehabilitation Outcomes Centre (AROC) project with the Australian Stroke Clinical Registry (AuSCR). 7th Annual National Stroke Data and Quality Improvement Workshop, Sydney, 28 November 2019.
221. Moxham L (2019) Navigating the path to prepare advanced practice mental health nurses: barriers and enablers. ACMHN's 45th International Mental Health Nursing Conference: Integrated Care: People, Practice, Policy, Sydney, 8-10 October 2019.
222. Mullan J, Lago L, Westley-Wise V, Webster D, McAlister B and Eagar K (2019) A regional data linkage platform and research centre addressing local health needs. Public Health Prevention Conference: Smashing the Silos, Melbourne, 12-14 June 2019 (Oral Presentation).
223. Mullan J, Westley-Wise V, Lago L, McAlister B, Webster D and Eagar K (2019) Research translation from the ground up – building on the strengths of a regional partnership. 8th Annual NHMRC Symposium on Research Translation, Melbourne, 19-20 November 2019 (Poster Presentation).
224. Mullan J, Westley-Wise V, Lago L, McAlister B, Webster D and Eagar K (2019) Establishing an Effective Research Partnership Between a University and a Local Health District. 11th Health Services and Policy Research Conference, Auckland, New Zealand, 4-6 December 2019 (Symposium).
225. Nouju D and Allingham S (2019) PCOC-Sunrise EMR Story: From Paper to Electronic Medical Record and the Challenges of Data Collection. Oceanic Palliative Care Conference, Perth, 10-13 September 2019.
226. Pai N, Mullan J and Hustig H (2019) Antipsychotic use in Australia. Royal Australian and New Zealand College of Psychiatrists, Cairns, 12-16 May 2019 (Oral Presentation).
227. Pai N, Mullan J, Acar M, Juneja P, Kouhkamari MH and Siva S (2019) Patient persistence with antipsychotic medications in Australia. Royal Australian and New Zealand College of Psychiatrists, Cairns, 12-16 May 2019 (Poster Presentation).
228. Pai N, Mullan J, Acar M, Juneja P, Kouhkamari MH and Siva S (2019) Patterns of Antipsychotic prescribing in Australia. Royal Australian and New Zealand College of Psychiatrists, Cairns, 12-16 May 2019 (Poster Presentation).
229. Pidgeon T, Connolly A and Clapham S (2019) Guiding patient and family care: Clinical characteristics of the Unstable Phase. Oceanic Palliative Care Conference, Perth, 10-13 September 2019 (Poster Presentation).
230. Pilcher D, Alexander T, Huckson S, Knott C, Alexander J, Millar J, Steele P, Chen J, Feng M, Raffa J, Widdicombe N and Cook D (2019) The DATATHON – Engaging clinicians and data scientists for rapid research development. 8th Annual NHMRC Symposium on research translation, Melbourne, 19-20 November 2019.
231. Schütze H, Bartyn J and Tapsell A (2019) Development and evaluation of the effectiveness of an interdisciplinary subject to support students' transition to university. CAPHIA Teaching and Learning Forum, Canberra, 15-17 May 2019.
232. Schütze H, Bartyn J and Tapsell A (2019) Increasing self-efficacy to improve the transition to university: An Australian case study. CAPHIA Teaching and Learning Wānanga, Rotorua, New Zealand, 12 April 2019.
233. Schütze H, Harris E and Harris M (2019) Getting it right – patient, practitioner and Closing the Gap Officer views on the Closing the Gap Initiative. 23rd IUHPE World Conference on Health Promotion, Rotorua, New Zealand, 7-11 April 2019.
234. Simmonds F and Alexander T (2019) Plenary: Extending benchmarking towards knowledge translation. RMSANZ (Rehabilitation Medicine Society of Australia and New Zealand) 4th Annual Scientific Meeting, Adelaide, 20-23 October 2019.
235. Tardif H (2019) Chronic pain in children and adolescents: outcomes following specialist pain management. The Palliative Care Outcomes Collaboration Outcomes and Benchmarking Conference, Sydney, 20-21 November 2019.
236. Tardif H (2019) Implementing a chronic pain outcome registry in Australia and New Zealand: the good, the bad and what we've learned. 12th International Symposium on Pediatric Pain, Basel, Switzerland, 16-20 June 2019 (Plenary).
237. Westera A, Fildes D, Gordon R and Bird S (2019) New ways of doing: Severe Behaviour Response Team (SBRT) evaluation findings. 52nd Australian Association of Gerontology (AAG) Conference, International Convention Centre, Darling Harbour, 8 November 2019.

238. Westley-Wise V, Eagar K, Allingham S, Barclay G, Nangati Z, Cope K, Davis J, Moules S and Davis E (2019) Assessing end of life patterns and quality of care among Illawarra Shoalhaven dependents. NSW Government Health, Illawarra Shoalhaven Local Health District, August 2019.
239. Westley-Wise V, Lago L, Facci F, Zingel R, Mullan J and Eagar K (2019) Multimorbidity among adults hospitalised in a regional district-patterns and implications. Public Health Prevention Conference: Smashing the Silos, Melbourne, 12-14 June 2019 (Oral Presentation).
240. White J (2019) ACC, NZ Pain Services and ePPOC: Aiming to improve services and outcomes for people with persistent pain. New Zealand Pain Society Annual Scientific Meeting, Christchurch, 7-10 March 2019 (Plenary Session).
241. Wijayanti K and Schütze H (2019) What influences parents to allow their daughter to receive the HPV Vaccination? Public Health Prevention Conference: Smashing the Silos, Melbourne, 12-14 June 2019.
242. Williams F, Bonney A, Mullan J, Ellis Y and Hammond A (2019) Cardiometabolic screening in serious mental illness. GP19, Adelaide, Australia, 24-26 October 2019 (Poster Presentation).
243. Woods J and Johnson C (2019) Palliative care provided to Indigenous Australians: analysis of a multi-jurisdictional database. Oceanic Palliative Care Conference, Perth, 10-13 September 2019.
244. Zwi K and Al Salehi S (2019) Tools for psychosocial assessment of children exposed to conflict. International Society for Social Pediatrics & Child Health (ISSOP) Children in Armed Conflict: Rights, Health and Well-being, Beirut, 24-26 September 2019.
245. Zwi K, Mares S, Nathanson D, Tan AK and Silove D (2019) The impact of detention on the social-emotional wellbeing of children seeking asylum: a comparison with community based children. International Pediatric Association (IPA) Congress: Partnerships for Children, Panama City, 17-21 March 2019 (Poster Presentation).
246. Zwi K and Raman S (2019) Safeguarding Children. A series of workshops for staff at Amman Hospital Jordan at the invitation of Médecine Sans Frontiers (MSF), 30 September - 10 October 2019.
247. Zwi K, Sealy L, Samir N, Lingam R on behalf of Paediatric Refugee Network of Australia (2019) Nauru: the last 200 children. International Society for Social Pediatrics and Child Health (ISSOP) Children in Armed Conflict: Rights, Health and Well-being, Beirut, 24-26 September 2019 (Oral Presentation).
248. Zwi K, Woodland L, Williams K, Palasanthiran P, Jaffe A, Rungan S and Woolfenden S (2019) Protective factors for social-emotional wellbeing of refugee children in the first three years of settlement in Australia. International Pediatric Association (IPA) Congress: Partnerships for Children, Panama City, 17-21 March 2019 (Poster Presentation).
251. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Orthopaedic Fractures (Calendar Year 2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
252. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Orthopaedic Fractures (Financial Year 2019). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
253. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Stroke (Calendar Year 2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
254. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Stroke (Financial Year 2019). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
255. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Orthopaedic Replacements (Calendar Year 2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
256. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Orthopaedic Replacements (Financial Year 2019). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
257. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Spinal Cord Injury (Calendar Year 2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
258. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Spinal Cord Injury (Financial Year 2019). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
259. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Brain Injury (Calendar Year 2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
260. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Brain Injury (Financial Year 2019). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
261. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Reconditioning (Calendar Year 2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
262. Alexander TL, Simmonds FD, Capell JT and Green L (2019) Impairment Specific Report on Reconditioning (Financial Year 2019). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
263. Blanchard M, White J, Bryce M, Blacklock J, Quinsey K and Tardif H (2019) Patient Outcomes in Pain Management: Enterprise One Pain Management Service, 2018 Annual report for 1 January to 31 December 2018. electronic Persistent Pain Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

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249. Alexander TL, Simmonds FD, Capell JT and Green L (2019) The state of rehabilitation in Australia (2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
250. Alexander TL, Simmonds FD, Capell JT and Green L (2019) The state of rehabilitation in New Zealand (2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.

264. Blanchard M, White J, Bryce M, Blacklock J, Quinsey K and Tardif H (2019) Patient Outcomes in Pain Management: Enterprise One Paediatric Pain Management Service, 2018 Annual report for 1 January to 31 December 2018. electronic Persistent Pain Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
265. Blanchard M, White J, Bryce M, Blacklock J, Quinsey K and Tardif H (2019) Patient Outcomes in Pain Management: Enterprise One Pain Management Service, 2019 Mid Year Report for 1 July 2018 to 30 June 2019. electronic Persistent Pain Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
266. Blanchard M, Bryce M, White J, Blacklock J, Quinsey K and Tardif H (2019) Patient Outcomes in Pain Management: Enterprise One Paediatric Pain Management Service, 2019 Mid Year Report for 1 July 2018 to 30 June 2019. electronic Persistent Pain Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
267. Capell JT, Simmonds FD and Green L (2019) AROC Ambulatory National Report (Calendar Year 2018). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
268. Capell JT, Simmonds FD and Green L (2019) AROC Ambulatory National Report (Financial Year 2019). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
269. Clapham K, Bennett-Brook K, Hunter K, Zwi K and Ivers R (2019) Active and Safe: Preventing unintentional injury to Aboriginal children and young people in NSW: Guidelines for Policy and Practice. Sydney, Sydney Children's Hospital Network.
270. Clapham K, Harwood V, Manning C, Longbottom M, Carlson B and Bennett-Brook K (2019) Embedding training and capacity building for Indigenous higher degree research students into the UOW research Environment: Educational Strategies Development Fund (ESDF) Project Report. Australian Health Services Research Institute, University of Wollongong.
271. Clapham K, Longbottom M, Malouf P, Dale E, Kelly P, in collaboration with Waminda South Coast Aboriginal Women's Health & Welfare Aboriginal Corporation (2019) Evaluation of Waminda's Balaang and Binjilaang – South Coast Aboriginal Women's Tobacco Intervention Program. Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre, Australian Health Services Research Institute, University of Wollongong.
272. Connolly A, Burns S, Allingham S, Bishop G, Foscett L and Clapham S (2019) A profile of patients receiving palliative care in NSW and ACT for July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
273. Connolly A, Burns S, Allingham S, Bishop G, Foscett L and Clapham S (2019) Patient Outcomes in Palliative Care – NSW and ACT, July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
274. Connolly A, Burns S, Allingham S, Christiansen C, McPherson A, Foscett L and Clapham S (2019) A profile of patients receiving palliative care in Queensland for July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
275. Connolly A, Burns S, Allingham S, Christiansen C, McPherson A, Foscett L and Clapham S (2019) Patient Outcomes in Palliative Care – Queensland, July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
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277. Connolly A, Burns S, Allingham S, Christiansen C, McPherson A, Foscett L, Clapham S and Daveson B (2019) Patient Outcomes in Palliative Care – Queensland, January – June 2019. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
278. Connolly A, Burns S, Allingham S, Connolly J, Foscett L and Clapham S (2019) A profile of patients receiving palliative care in Victoria for July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
279. Connolly A, Burns S, Allingham S, Connolly J, Foscett L and Clapham S (2019) Patient Outcomes in Palliative Care – Victoria, July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
280. Connolly A, Burns S, Allingham S, Connolly J, Foscett L, Clapham S and Daveson B (2019) A profile of patients receiving palliative care in Victoria for January – June 2019. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
281. Connolly A, Burns S, Allingham S, Connolly J, Foscett L, Clapham S and Daveson B (2019) Patient Outcomes in Palliative Care – Victoria, January – June 2019. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
282. Connolly A, Burns S, Allingham S, Foscett L and Clapham S (2019) A profile of patients receiving palliative care in Australia for July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
283. Connolly A, Burns S, Allingham S, Foscett L and Clapham S (2019) Patient Outcomes in Palliative Care in Australia: National report for July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
284. Connolly A, Burns S, Allingham S, Foscett L, Clapham S and Daveson B (2019) A profile of patients receiving palliative care in Australia for January – June 2019. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
285. Connolly A, Burns S, Allingham S, Foscett L, Clapham S and Daveson B (2019) Patient Outcomes in Palliative Care in Australia: National report for January – June 2019. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
286. Connolly A, Burns S, Allingham S, Kable L, Foscett L, Clapham S and Daveson B (2019) A profile of patients receiving palliative care in NSW and ACT for January – June 2019. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
287. Connolly A, Burns S, Allingham S, Kable L, Foscett L, Clapham S and Daveson B (2019) Patient Outcomes in Palliative Care – NSW and ACT, January – June 2019. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

288. Connolly A, Burns S, Allingham S, Pidgeon T, Joseph N, Foscett L and Clapham S (2019) A profile of patients receiving palliative care in South Australia for July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
289. Connolly A, Burns S, Allingham S, Pidgeon T, Joseph N, Foscett L and Clapham S (2019) A profile of patients receiving palliative care in Western Australia for July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
290. Connolly A, Burns S, Allingham S, Pidgeon T, Joseph N, Foscett L and Clapham S (2019) Patient Outcomes in Palliative Care – South Australia, July – December 2018. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
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Funding

TYPE	DESCRIPTION	2019 FUNDING
Faculty Infrastructure		\$2,022,058
Research Income	Palliative Care Outcomes Collaboration (PCOC)	\$3,110,771
	Australasian Rehabilitation Outcomes Centre (AROC)	\$1,964,976
	electronic Persistent Pain Outcomes Collaboration (ePPOC)	\$962,099
	Centre for Health Research Illawarra Shoalhaven Population (CHRISP)	\$665,981
	Resource Utilisation and Classification Study	\$513,092
	Educating the Nurse of the Future – Literature Review	\$402,547
	Evaluation of the Improving Social Connectedness of Older Australians project pilot	\$224,413
	Evaluation of the Pathways to Community Living Initiative	\$200,000
	Advice and support relating to the AN-ACC trial	\$186,198
	Postdoctoral Research Fellowship	\$173,419
	Improving choices through the Palliative Care Collective	\$171,681
	A place based model for Aboriginal community-led solutions	\$163,417
	Evaluation of four Waminda projects	\$156,500
	Evaluation of the NSW Emergency Drought Relief: Mental Health Supports	\$135,000
	Aboriginal Healthy Hearts Translational Research Project	\$71,500
	Evaluation of the Lifeline Text Pilot Trial	\$52,375
	Analysis of residential aged care staffing levels across different countries	\$38,277
	Preventing falls in older Aboriginal and Torres Strait Islander people: Ironbark trial	\$37,869
	Health economics analysis for the Vocational Intervention Program (VIP 2.0)	\$36,365
	First Response: Integrating trauma-informed care	\$28,256
	Evaluation of a pilot of the Essence Care@Home Technology	\$18,182
Total Research Income		\$9,312,918

Note: This table excludes funding administered by other parts of the University of Wollongong and by external research collaborators.

Members

AHSRI works as a strong multidisciplinary team with many researchers having previous experience working in policy, management and clinical positions in the health system. The qualifications and expertise of staff range across more than 20 disciplines.

During 2019, AHSRI had over 120 members, including full-time and part-time staff from each of the Institute's centres, as well as associate members and honorary fellows.

A full profile for each member is available at <http://ahsri.uow.edu.au/staff>.

Shahriar Akter	Esther Davis	Conrad Kobel	Melanie Randle
Tara Alexander	Dominic Dawson	Mary Komomua	Nicole Rankin
Samuel Allingham	Julie de Clouet	Anastasia Korlimbinis	Erin Ritchie
Irit Alony	Sara Dolnicar	Rebecca Lachlan	Peter Samsa
Marijka Batterham	Darcelle Douglas	Luise Lago	Janet Sansoni
Elizabeth Beattie	Cathy Duncan	Kelly Lambert	Paul Saunders
Sonia Bird	Kathy Eagar	Karen Larsen-Truong	Heike Schütze
Gaye Bishop	Simon Eckermann	Suanne Lawrence	Kate Senior
Julie Blacklock	Joshua Fan	Rhodri Lewis	Yulan Shen
Megan Blanchard	Nicolas Fenwick	Marlene Longbottom	Frances Simmonds
Cheryl Blissett	Mario Fernando	Carol Loggie	Grahame Simpson
Layne Brown	David Fildes	Peter Malouf	Louisa Smith
Meredith Bryce	Linda Foscett	Elena Marchetti	Milena Snoek
Laura Burling	Abhijeet Ghosh	Joanna Mason	David Steel
Sam Burns	John Glynn	Danni Masso	Patrick Steele
Donna Byham	Martin Gold	Malcolm Masso	Katlyn Stone
Kate Cameron	Rob Gordon	Wendy Maxwell	Bianca Suesse
Jacquelin Capell	Janette Green	Branden Maynes	Hilarie Tardif
Kara Cappetta	Lewis Green	Brendan McAlister	Cristina Thompson
Ray Chambers	Max Grigg	Grace McCarthy	Daniel Thompson
Claire Christiansen	Pam Grootemaat	Rodney McMahon	Lucie Thompson
Kathleen Clapham	Tam Ha	Anna McPherson	Dave Webster
Sabina Clapham	Elizabeth Halcomb	Silvia Mendolia	Anita Westera
Tom Cleary	Danika Hall	Christine Metusela	Victoria Westley-Wise
Alanna Connolly	Valerie Harwood	Darcy Morris	Alyce White
Jane Connolly	Helen Hasan	Paula Moss	Janelle White
Tim Coombs	Claire Johnson	Stephen Moules	Kathryn Williams
Patricia Cullen	Keryn Johnson	Lorna Moxham	Patsy Yates
David Currow	Michael Jones	Judy Mullan	Heather Yeatman
Elizabeth Cuthbert	Natalie Joseph	Lyn Phillipson	Karen Zwi
Elizabeth Dale	Le-Tisha Kable	Tanya Pidgeon	
John Daniels	Martin Kaltner	Christopher Poulos	
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